

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5001**

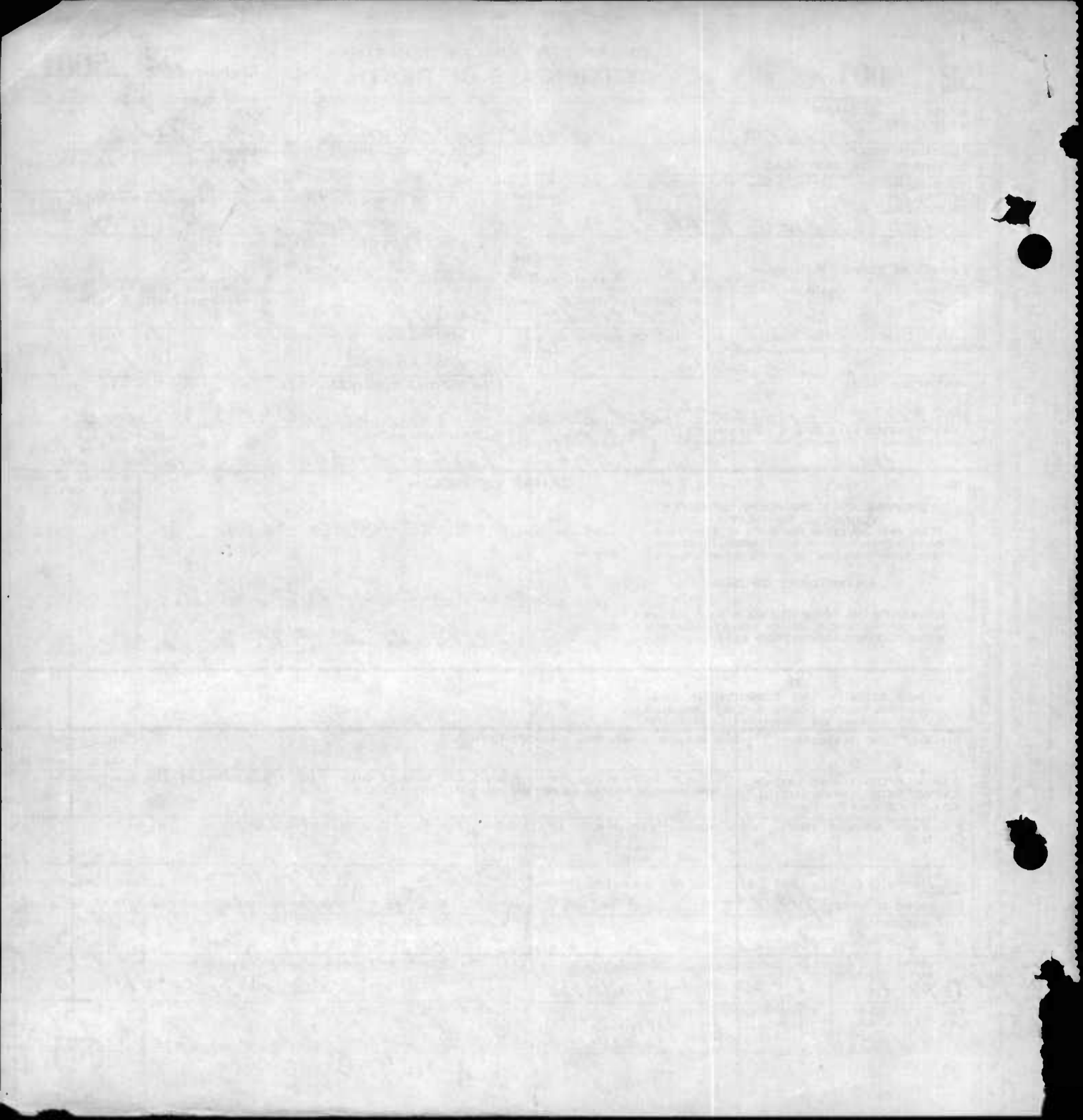
BIRTH NO. **52 5001**

1. NAME OF DECEASED (Type or Print) Kaplan, Janet MARIE			2. DATE OF DEATH 5/27/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTS		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparrows Point (19)		
c. Length of stay in Baltimore 12			D. STREET ADDRESS (If rural, give location) 3232 Hyuch Rd 5300		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 4, 1890		9. AGE (in years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PENNA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Taylor, Jonathan			14. MOTHER'S MAIDEN NAME Dale, Emma Penna.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Kaplan, Nathan 3232 Hyuch Rd Sparrows Pt		

18. 443X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral thrombosis		
DUE TO				
ANTECEDENT CAUSES		(B) Arteriosclerosis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) Hypertensive C. V. Disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/23/52 , 19 52 , to 5/27/52 , 19 52 , that I last saw the deceased alive on 5/27/52 , 19 52 , and that death occurred at 6:10 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE J. P. Antonis		23B. ADDRESS Church Home & Hospital		23C. DATE SIGNED 5/27/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 5-30-52	24C. NAME OF CEMETERY OR CREMATORY UMBRIA	24D. LOCATION (City, town, or county) (State) OSCEOLA, PENNA.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 27 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Brooks Bradley, Wendell, Md.	

19520204990



MARGIN RESERVED FOR BINDING

H-530

52 5002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5002

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>George C. Henwood</i>			2. DATE OF DEATH <i>May 28, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bethesda, Md.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i>			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Edgewood Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			D. STREET ADDRESS (If rural, give location) <i>1515 Lancaster St</i>		
c. Length of stay in Baltimore <i>46 yrs.</i>			Yrs. <i>46</i> Mos. <i>0</i> Days <i>0</i>			9. AGE (In years last birthday) <i>78</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Sept. 22, 73</i>			11. BIRTHPLACE (State or foreign country) <i>England</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Betha George</i>		
						ADDRESS <i>Parkville, Md.</i>		

18. <i>422.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Mycarditis</i>			
DUE TO					
ANTECEDENT CAUSES		(B) <i>Chronic Myocarditis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) <i>Arterio Sclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>None</i>			

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>None</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 31, 1952</i> , to <i>May 28, 1952</i> , that I last saw the deceased alive on <i>May 25, 1952</i> , and that death occurred at <i>11:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert Stratt</i>		23B. ADDRESS <i>212 Park Ave Baltimore, Md.</i>		23C. DATE SIGNED <i>May 28, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>May 28, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mount Carmel</i>	
24D. LOCATION (City, town, or county) (State) <i>Odell St. Md.</i>		25. FUNERAL DIRECTOR <i>Wendell J. Goppel</i>		ADDRESS <i>3125 Highland Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>May 27, 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

0049515

DATE

NO.

THIS PAGE IS TO BE USED FOR THE RECORD OF THE

DATE

NO.

1. NAME

2. ADDRESS

3. CITY

4. STATE

5. ZIP

6. PHONE

7. OCCUPATION

8. EDUCATION

9. RELIGION

10. RACE

11. SEX

12. AGE

13. HEIGHT

14. WEIGHT

15. HAIR

16. EYES

17. SKIN

18. BLOOD

19. DENTAL

20. OTHER

21. COMMENTS

22. SIGNATURE

23. DATE

24. TIME

25. PLACE

26. METHOD

27. INSTRUMENT

28. MATERIAL

29. COLOR

30. SIZE

31. SHAPE

32. TEXTURE

33. TASTE

34. SMELL

35. SOUND

36. WEIGHT

37. LENGTH

38. WIDTH

39. DEPTH

40. VOLUME

41. AREA

42. SURFACE

43. VOLUME

44. MASS

45. DENSITY

46. TEMPERATURE

47. PRESSURE

48. FORCE

49. ENERGY

50. POWER

51. MOMENTUM

52. IMPULSE

53. ACCELERATION

54. VELOCITY

55. POSITION

56. DISPLACEMENT

57. VELOCITY

58. ACCELERATION

59. FORCE

60. ENERGY

61. POWER

62. MOMENTUM

63. IMPULSE

64. ACCELERATION

65. VELOCITY

66. POSITION

67. DISPLACEMENT

68. VELOCITY

69. ACCELERATION

70. FORCE

71. ENERGY

72. POWER

73. MOMENTUM

74. IMPULSE

75. ACCELERATION

76. VELOCITY

77. POSITION

78. DISPLACEMENT

79. VELOCITY

80. ACCELERATION

81. FORCE

82. ENERGY

83. POWER

84. MOMENTUM

85. IMPULSE

86. ACCELERATION

87. VELOCITY

88. POSITION

89. DISPLACEMENT

90. VELOCITY

91. ACCELERATION

92. VELOCITY

93. POSITION

94. DISPLACEMENT

95. VELOCITY

96. ACCELERATION

97. VELOCITY

98. POSITION

99. DISPLACEMENT

100. VELOCITY

101. ACCELERATION

102. VELOCITY

103. POSITION

104. DISPLACEMENT

105. VELOCITY

106. ACCELERATION

107. VELOCITY

108. POSITION

109. DISPLACEMENT

110. VELOCITY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SMITH, WALTER G.

2. DATE
OF
DEATH

5/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md*

B. COUNTY

*Harford*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Aberdeen

D. STREET ADDRESS (If rural, give location)

111 Rogers St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Feb. 23rd 1900*9. AGE (in years
last birthday)*52*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Salesman*10B. KIND OF BUSINESS OR
INDUSTRY*Auto dealer*

11. BIRTHPLACE (State or foreign country)

*md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

*John H. Smith**(R)*

14. MOTHER'S MAIDEN NAME

*Matilda Bodt*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

wife

ADDRESS

*same*18. *42010*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Coronary occlusion**4 min.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Coronary thrombosis**?*

(C)

*Arteriosclerotic Heart Disease**?*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

*5/16/52*22. I hereby certify that I attended the deceased from *5/16/52* 19*52*, to *5/27*, 19*52*, that I last saw the
deceased alive on *5/27*, 19*52*, and that death occurred at *12:30* pm., from the causes and on the date stated above.

23A. SIGNATURE

H. Langenfelder

M. O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

*5/27/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

May 31-1952

24C. NAME OF CEMETERY OR CREMATORY

Aberdeen

24D. LOCATION (City, town, or county)

Aberdeen Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

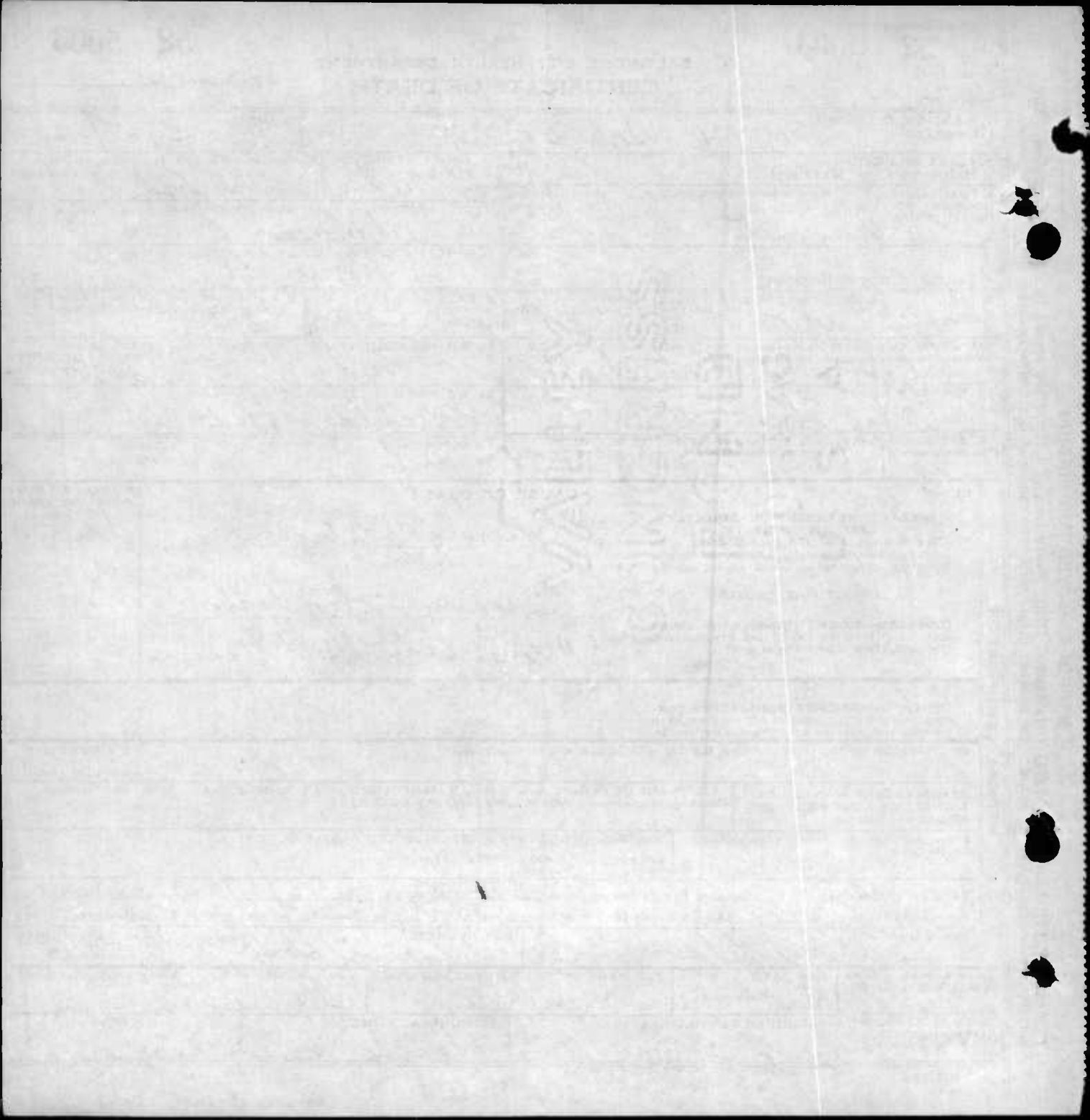
REGISTRAR'S SIGNATURE

Huntington, William, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Newry Yarrington Sons



52 5004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5004

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James W. Fisher

2. DATE
OF
DEATH

May 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

13-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1407 W. 37th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore City

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

1407 W. 37th Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 1, 1871

9. AGE (In years last birthday)

81

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done or log most of working life, give if retired)

Carpenter (retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Fisher

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-01-8080A

17. INFORMANT

Minnie M. Fisher

ADDRESS

above

18. 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchial Pneumonia of Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

2 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Arteriosclerosis

4 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

From 3 1/2 yrs ago

19B. MAJOR FINDINGS OF OPERATION

On death 3 1/2 yrs ago Union Memorial Hosp

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1952, to May 25, 1952, that I last saw the deceased alive on May 24, 1952, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Smith M.D.

23B. ADDRESS

3429 Chelton Rd

23C. DATE SIGNED

May 26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 28, 1952

24C. NAME OF CEMETERY or CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S.M. Waltz

ADDRESS

Winfield, Md.

MAY 27 1952

VS 150

19520205001

100

100

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

100



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5005

BIRTH NO. 314

1. NAME OF DECEASED
(Type or Print)

YETTA TROD BELL

2. DATE
OF
DEATH

MAY 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

2536 LOYOLA SOUTHWAY

BALTO.

15-13

c. Length of stay in Baltimore

VS

D. STREET ADDRESS (If rural, give location)

2536 LOYOLA SOUTHWAY

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 12-1880

9. AGE (In years
last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ELEANOR

14. MOTHER'S MAIDEN NAME

BESSIE FARB

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ISRAEL TROD BELL-2536 LOYOLA SOUTHWAY

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary occlusion Myocardial
infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio Sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from May 1, 1952 to May 26, 1952 that I last saw the
deceased alive on May 26, 1952 and that death occurred at 8-1 m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kader

M. D.

23B. ADDRESS

2306 Eutam Pl

23C. DATE SIGNED

May 27-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1952

Huntington Williams, Jr. 2100 Eutam Pl

Kador
2306
Guitard
La 0950

S-416

52 5006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5006

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE SILVERMAN

2. DATE
OF
DEATH

5-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2510 Quantico Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2510 Quantico Ave

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max

14. MOTHER'S MAIDEN NAME

Helda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nathan Silverman - Same

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Stomach.

DUE TO

4 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Feb. 1952 to 5/27, 1952, that I last saw the
deceased alive on 5/27, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith.

M. D.

23B. ADDRESS

2426 Century Pl

23C. DATE SIGNED

5/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-28-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

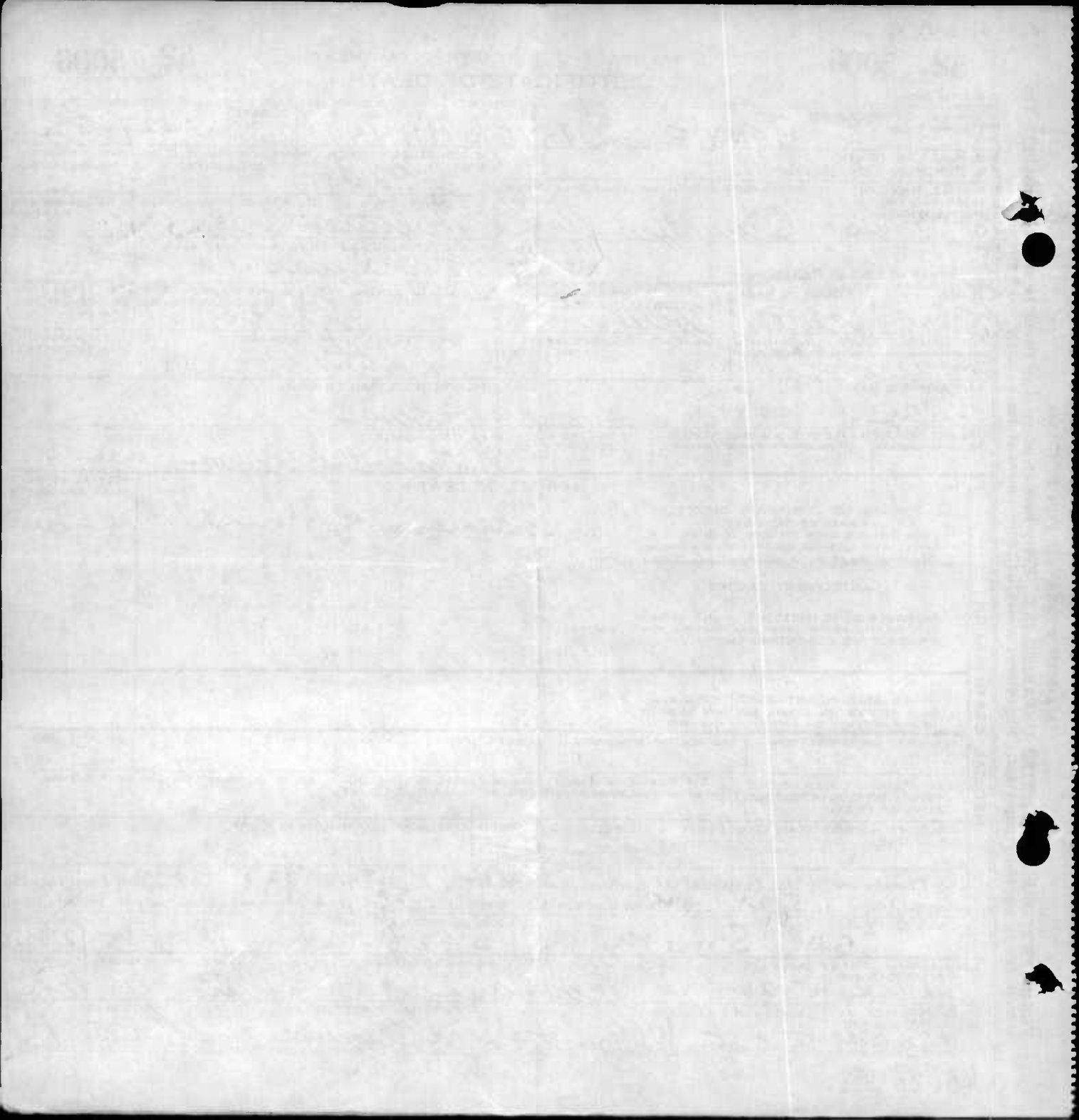
2100 Century Pl

MAY 28 1952

MAY 28 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET ELIZABETH GALLION

2. DATE
OF
DEATH

5/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1007 LIGHT ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 24-03

D. STREET ADDRESS (If rural, give location)

1007 LIGHT ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 7, 1861

9. AGE (In years
last birthday)

90

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

DORCHESTER CO. MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM H. NEAL

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JAMES W. ARNETT 204 E. CROSS ST

18. 421.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Endocarditis

3 months

DUE TO

ANTECEDENT CAUSES

(B)

- Arterio Sclerosis

1 yr.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1952, to 5/25, 1952, that I last saw the deceased alive on - 5/24, 1952 and that death occurred at 3:00 m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Mellett, Jr.

M. D.

23B. ADDRESS

1259 Williams St

23C. DATE SIGNED

5/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5/28/52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county) (State)

EAST END. NORTH AVENUE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 LIGHT ST-30

MAY 28 1952

5.0001

B. white.

1279 km st

10'30 - 12'30

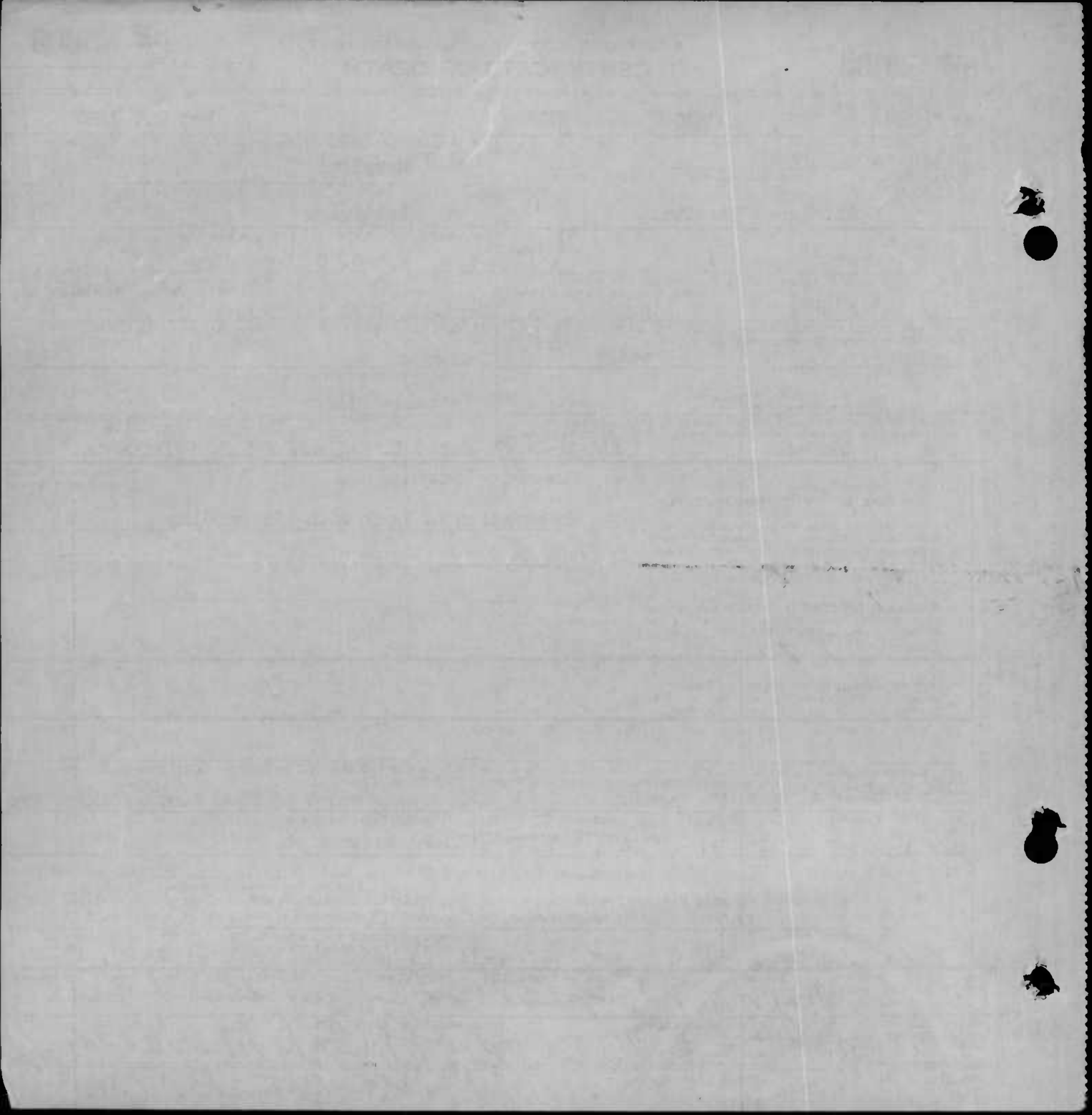
8-7

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5008
Registered No.

52 5008 BIRTH NO.		52 5008	
1. NAME OF DECEASED (Type or Print) ALONZO WALKER		2. DATE OF DEATH May 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-03	
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 236 S. Calhoun Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 11, 1921
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10B. KIND OF BUSINESS OR INDUSTRY self	9. AGE (In years last birthday) 30
13. FATHER'S NAME Robt. E. Walker		11. BIRTHPLACE (State or foreign country) Tennessee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		12. CITIZEN OF WHAT COUNTRY? Tennessee	
16. SOCIAL SECURITY NO. 414-16-2077		14. MOTHER'S MAIDEN NAME Isabelle Disney	
17. INFORMANT Robt. E. Walker, 236 S. Calhoun St.		ADDRESS	
18. E982X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Laceration of neck with air embolus DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION May 27, 1952		19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) woods	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 200 yds. south of 2800 block Wilkens Ave.		21D. TIME (Month) (Day) (Year) (Hour) May 26, 1952 4:25 P. M.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William C. Loefer		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED May 27, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE May 29, 1952		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) (State) Woodlawn Md		25. FUNERAL DIRECTOR Huntington Williams, Mort Co & B.M. Walters	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952		ADDRESS	
VS 151 N 874.2 56424 Pratt & Stricker			



52 5009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5009

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Peters

2. DATE OF DEATH 26 May 1952
3. Date of Birth

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1200 Valley St

B. FULL NAME OF HOSPITAL OR INSTITUTION

Little Sisters of the Poor

C. Length of stay in Baltimore

6 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12 Sept - 1873

9. AGE (In years last birthday)

78

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard Protzman

14. MOTHER'S MAIDEN NAME

Margaret Guntter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

DUE TO

4 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26-1952 to May 26, 1952, that I last saw the deceased alive on 30-19, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall MD

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

May 27 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, MD

Pete Wiedefeld 900 E. Biddle St

10520405006

100

RECEIVED
OFFICE OF THE
SECRETARY OF THE ARMY

100

100

100

100

100

52 5010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5010

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addie Davis

2. DATE
OF
DEATH

5-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

625 W. Lee Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 22-02

C. Length of stay in Baltimore

20 Yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

625 W. Lee Street

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Luis Parron

14. MOTHER'S MAIDEN NAME

Addie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Simpkins 625 W. Lee St.

18. 434.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Decompensated Cardiovascular
Disease, chronic Nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5th 1952 to May 23, 1952 that I last saw the
deceased alive on May 23, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. S. Weaver

M. D.

23B. ADDRESS

834 - S. Sharp St.

23C. DATE SIGNED

5-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct

24D. LOCATION (City, town, or county)

A.A.Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

108-W

ADDRESS

J. L. Brown & Son Montgomery St

0105

STANDARD STATE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5011

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Beulah K. Stromyer			2. DATE OF DEATH May 27 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 5209 Belleville Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 50			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02		
c. Length of stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5209 Belleville Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 14 1888		9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Cambridge Md		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Frederick Baer			14. MOTHER'S MAIDEN NAME Clara Richardson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 5004 Pilgrim Road Frederich J. Stromyer		

18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 5 days ? ?
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June , 1946, to May 27 , 1952, that I last saw the deceased alive on May 27 , 1952 and that death occurred at 11:50 Am. , from the causes and on the date stated above.		
23A. SIGNATURE Dr. Charles Loughlin	23B. ADDRESS 4508 Edmondson Village M. D.	23C. DATE SIGNED 5/29/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 30 1952	24C. NAME OF CEMETERY OR CREMATORY Western
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR ADDRESS 4204 Ridgewood Ave
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		

4508 Edmundson
No Laughlin

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mable M. Hoerig

2. DATE
OF
DEATH

May 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pelvic carcinomatosis

DUE TO

? 8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma cervix uteri

DUE TO

2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1-15-1952 to 5-26-1952, that I last saw the
deceased alive on 5-26-1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

5000

M-250

52 5013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5013
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

William Mead McCann

2. DATE
OF
DEATH

May 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3020 Darby Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3020 Darby Street

c. Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan. 29, 1864

9. AGE (In years

last birthday)

88

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm Worker

10B. KIND OF BUSINESS OR INDUSTRY

Tennant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas McCann

14. MOTHER'S MAIDEN NAME

Mary Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Myrtle Gosnell 3020 Darby Street

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis CVD

DUE TO

(C) Generalized arteriosclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1946 to May 27, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove

24D. LOCATION (City, town, or county)

Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

28 1952

VS 150

Burgess Funeral Home

3631 Falls Road

Hosack F. Burgess

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

WILLIAM HENRY VERNON

Male

1850 (approx)

33 years

1850 (approx)

28

Nov. 28, 1888

England

England

Male

England

England

England

Wm. Vernon

Wm. Vernon

Wm. Vernon

28

Cause of Death

Heart Disease

Heart Disease

Heart Disease

Heart Disease

LOCKENDILL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5014
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth K. Lookendill

2. DATE
OF
DEATH

5-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3116 Clearview Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 27-05

D. STREET ADDRESS (If rural, give location)

3116 Clearview Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec-21-1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Kramer Co.

10B. KIND OF BUSINESS OR
INDUSTRY

Sewing factory

11. BIRTHPLACE (State or foreign country)

York Co. Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Kise - Penna.

14. MOTHER'S MAIDEN NAME

Selena

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-05-2937

17. INFORMANT

ADDRESS

Mr. Geo. M. Lookendill - 3116 Clearview Ave

18. 200.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

RETICULUM CELL
SARCOMAINTERVAL BETWEEN
ONSET AND DEATH

FEB 52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1, 1952

19B. MAJOR FINDINGS OF OPERATION

Retraction cell sarcoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1952, to May 25, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. E. Kaysin

M. D.

23B. ADDRESS

4331 Hayford Rd

23C. DATE SIGNED

6/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/28/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 28 1952

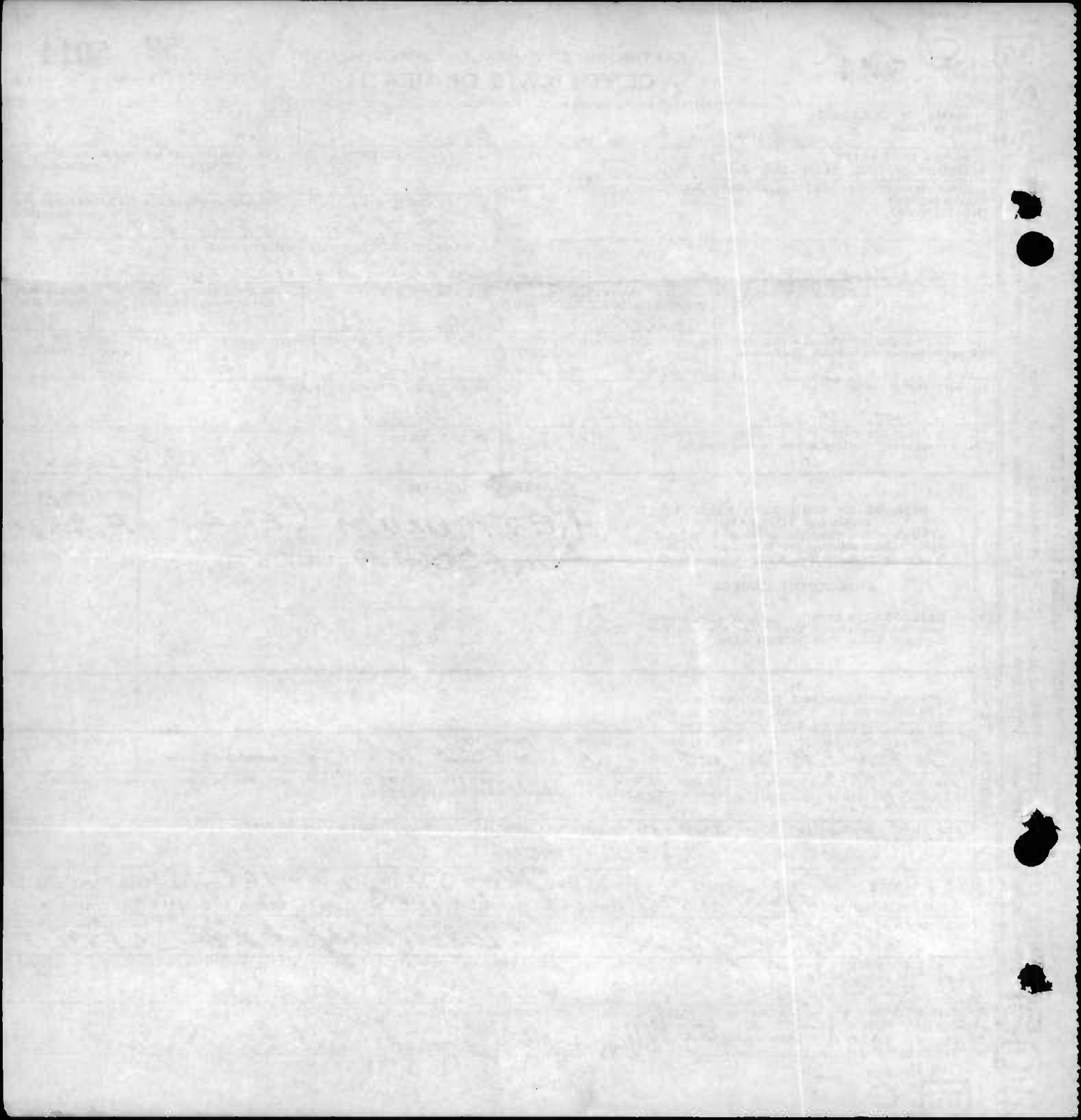
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck 5305 Hayford Rd

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs Lillian A NELLO 2. DATE OF DEATH 5.26.1952

3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE MD. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) Doctors Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-02

D. STREET ADDRESS (If rural, give location) 2214 E. Lanvale Street c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH June 29, 1899 9. AGE (In years last birthday) 52 If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME Morris Prittchett 14. MOTHER'S MAIDEN NAME Catherine Waldeck

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Milton Woerner, 1627 Normal Avenue ADDRESS _____

18. 584X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CORONARY THROMBOSIS (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO _____ ANTECEDENT CAUSES GALLBLADDER STONES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO CHRON. APPENDICITIS (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION 5.26.1952 19B. MAJOR FINDINGS OF OPERATION CHRON. INFLAMMATION of GALLBLADDER & STONES 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan., 1952 to 5/26, 1952; that I last saw the deceased alive on 5/26, 1952, and that death occurred at 11:30 Am., from the causes and on the date stated above.

23A. SIGNATURE Willie M. D. 3921 Edmonson av. 23B. ADDRESS 5/27/52 23C. DATE SIGNED _____

24A. BURIAL, CREMA- TION, REMOVAL (Specify) burial 24B. DATE 5/29/52 24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. & M. G. Inc. 25. FUNERAL DIRECTOR 1217 St. Paul Street ADDRESS _____

VS 150

1 9 5 2 0 0 0 5 0 1 2

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1913

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Signature

Signature

Signature

Signature

Signature



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 5016

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Beddell

2. DATE
OF
DEATH

5-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland Gen. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

701 Lennox Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

About 1916

9. AGE (In years last birthday)

About 36

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Crumbacker

14. MOTHER'S MAIOMEN NAME

Irma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Ruth Crumbacker, 4205 Ivanhoe Avenue

18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Subdural Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Fatty Liver & Cirrhosis

(C)

Pulmonary Tuberculosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William V. Love

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

5-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

5/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAY 28 1952

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

V S 151

5013

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18-1110

CERTIFICATE OF DEATH

18-1110

2-23-75

John J. [illegible]

Married (widow)

Age

Sex

Color

Birth

Place of Birth

Death

Place of Death

Cause of Death

Medical History

Other Diseases

Signature of Physician

Filed

18-1110

18-1110

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5017
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel Gary

2. DATE
OF
DEATH

5-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

722 E. 21st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

722 E. 21st St.

c. Length of stay in Baltimore

8 yrs

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-7-1902

9. AGE (in years last birthday)

49

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Gary

14. MOTHER'S MAIDEN NAME

Hattie Tribble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Calvin Gary 412 arvon Dale Rd.

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arterio-sclerotic cardiac disease*

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from *3/27* *1952* to *5/24* *1952* that I last saw the deceased alive on *5/22* *1952* and that death occurred at *3:13 PM* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY (If in Baltimore City, give location) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

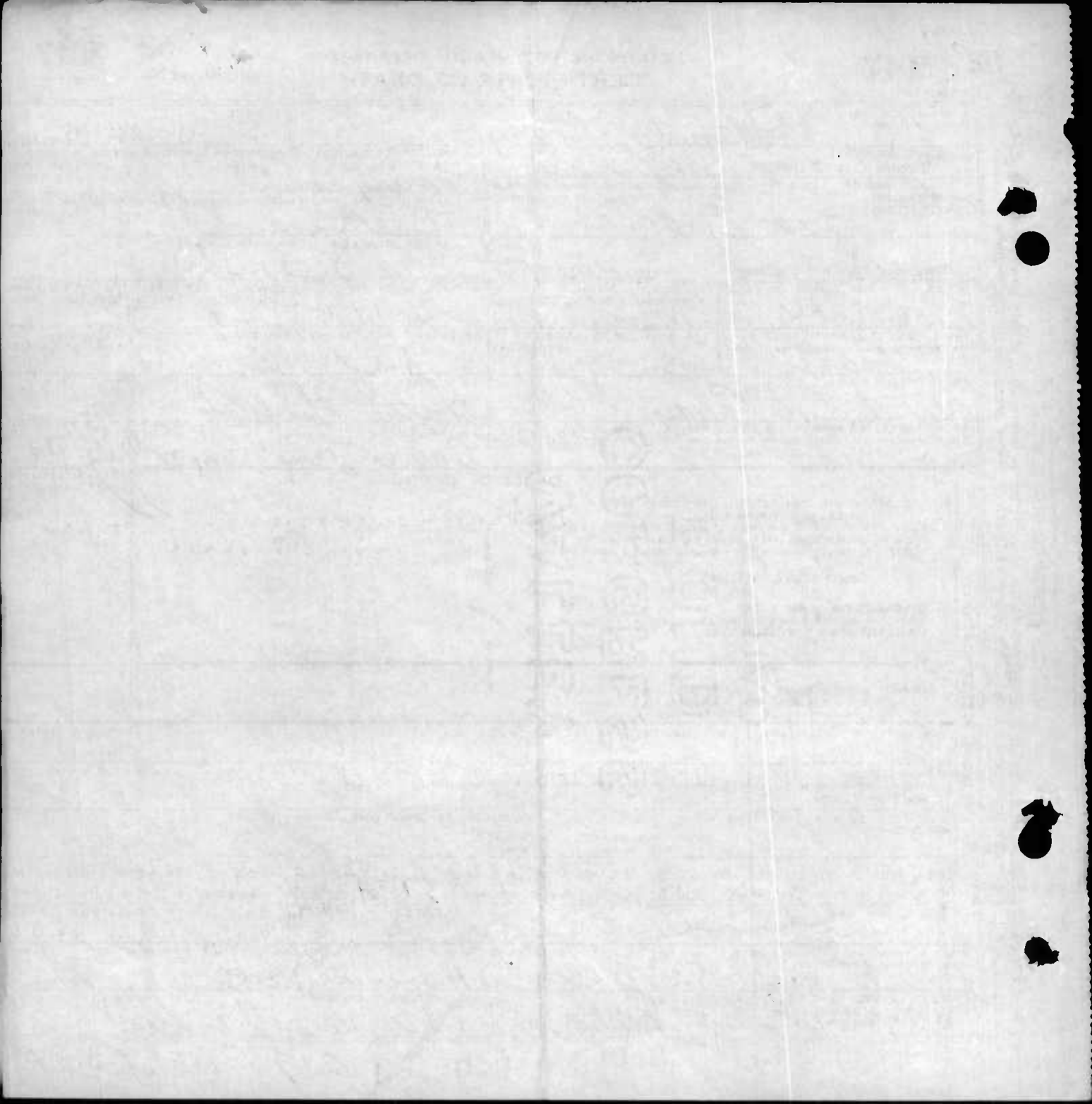
ADDRESS

VS 150

14520 970 590 14 217 E. Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-400
5018 JL- 124408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5018
Registered No.

1. NAME OF DECEASED (Type or Print) Hester Riley			2. DATE OF DEATH 5-19-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4940 Eastern Ave. Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 1 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 424 N. Eden St.		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1 1 1	9. AGE (in years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 1	
13. FATHER'S NAME 1		14. MOTHER'S MAIDEN NAME 1		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arterio-sclerotic cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Hypertensive arterio-sclerotic cardiovascular Disease Over 10 yrs.		
19A. DATE OF OPERATION 3-6-50			19B. MAJOR FINDINGS OF OPERATION Indirect Inguinal Hernia		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-8-48 , 19__, to May 19 , 19 52 that I last saw the deceased alive on May 19 , 19 52 and that death occurred at 8.50AM from the causes and on the date stated above.					
23A. SIGNATURE W. C. Brown M. D.			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 5-28-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 28, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary		24D. LOCATION (City, town, or county) (State) Elkridge, Highways Ind
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS/ Wendell Shippel, 512 St. Highways Ave	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5019**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLY ECC LI

2. DATE
OF
DEATH

5/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

SINAI HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-41

D. STREET ADDRESS (If rural, give location)

716 PRINSON AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 14, 1884

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. J. Geddes

14. MOTHER'S MAIDEN NAME

Eva Vance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Smyth - 1107 Augusta Ave.

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Cause Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atherosclerotic Heart Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/24, 1952** to **5/25, 1952** that I last saw the deceased alive on **5/25/52** and that death occurred at **4:30** m. from the causes and on the date stated above.

23A. SIGNATURE

Glenn Sander M. D.

23B. ADDRESS

Serai HOSP

23C. DATE SIGNED

5/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. J. Pickner & Sons

ADDRESS

MAY 28 1952

VS 150

52 5019

Balto Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5020

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nesbitt

2. DATE
OF
DEATH

5-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Catonsville

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

200 S. Symington Ave.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-13-1908

9. AGE in years
last birthday

44

10. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Benjamin Nesbitt

14. MOTHER'S MAIDEN NAME

Mahalah Henderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
400-01-2027

17. INFORMANT

ADDRESS

Mr. John J. Rooney - 200 S. Symington Rd.

18. 710.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cachexia - extreme
DUE TO Disseminated Scleroderma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from May 26, 1952 to May 26, 1952 that I last saw the
deceased alive on May 26, 1952 and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George J. Sten

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

5-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

5/28/52

24C. NAME OF CEMETERY OR CREMATORY

Fernwood Cem.

24D. LOCATION (City, town, or county)

Henderson, Ky.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. J. Pickens & Sons

VS 150

195205017

Baths 17 Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5021
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LULU WINKLER

2. DATE OF DEATH **MAY 25-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND**
B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1300 N. Longwood St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

1300 N. Longwood Street

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug:19, 1880

9. AGE (In years last birthday)

71

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

William Wellner

14. MOTHER'S MAIDEN NAME

Mary D. Voss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

John G. Winkler...1300 N. Longwood St

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 1st, 1948** to **May 25, 1952**, that I last saw the deceased alive on **May 23, 1952**, and that death occurred at **11:30 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

May 28:1952 WESTERN CEMETERY

BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

83-5021

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE
NEW YORK 10017

MAY 2 1952

LIBRARY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5022

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KONRAD HUTTER		2. DATE OF DEATH May 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 4-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 60 YRS		D. STREET ADDRESS (If rural, give location) 615 E. Lombard Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Oct 10, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARNASS MAKER		10B. KIND OF BUSINESS OR INDUSTRY LEATHER GOODS	
13. FATHER'S NAME HEINRICH HUTTER		14. MOTHER'S MAIDEN NAME MARIE HUTTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-41-912	
17. INFORMANT BERNHA SENDA/BACK		ADDRESS	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

May 28, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5023**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Taylor

2. DATE OF DEATH

May 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write Baltimore and give township)

Baltimore 13-23

D. STREET ADDRESS (If rural, give location)

2536 Frances St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Dec. 1, 1894

9. AGE (In years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mid - Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jake Saunders

14. MOTHER'S MAIDEN NAME

Rose Croley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardiovascular Disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-9*, 19*52*, to *5-27*, 19*52*, that I last saw the deceased alive on *5-27*, 19*52*, and that death occurred at *4:00 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Sharer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Barbara P. Williams

ADDRESS

Schroeder St.

VS 150

1952 072285 020

MARGIN RESERVED FOR BINDING

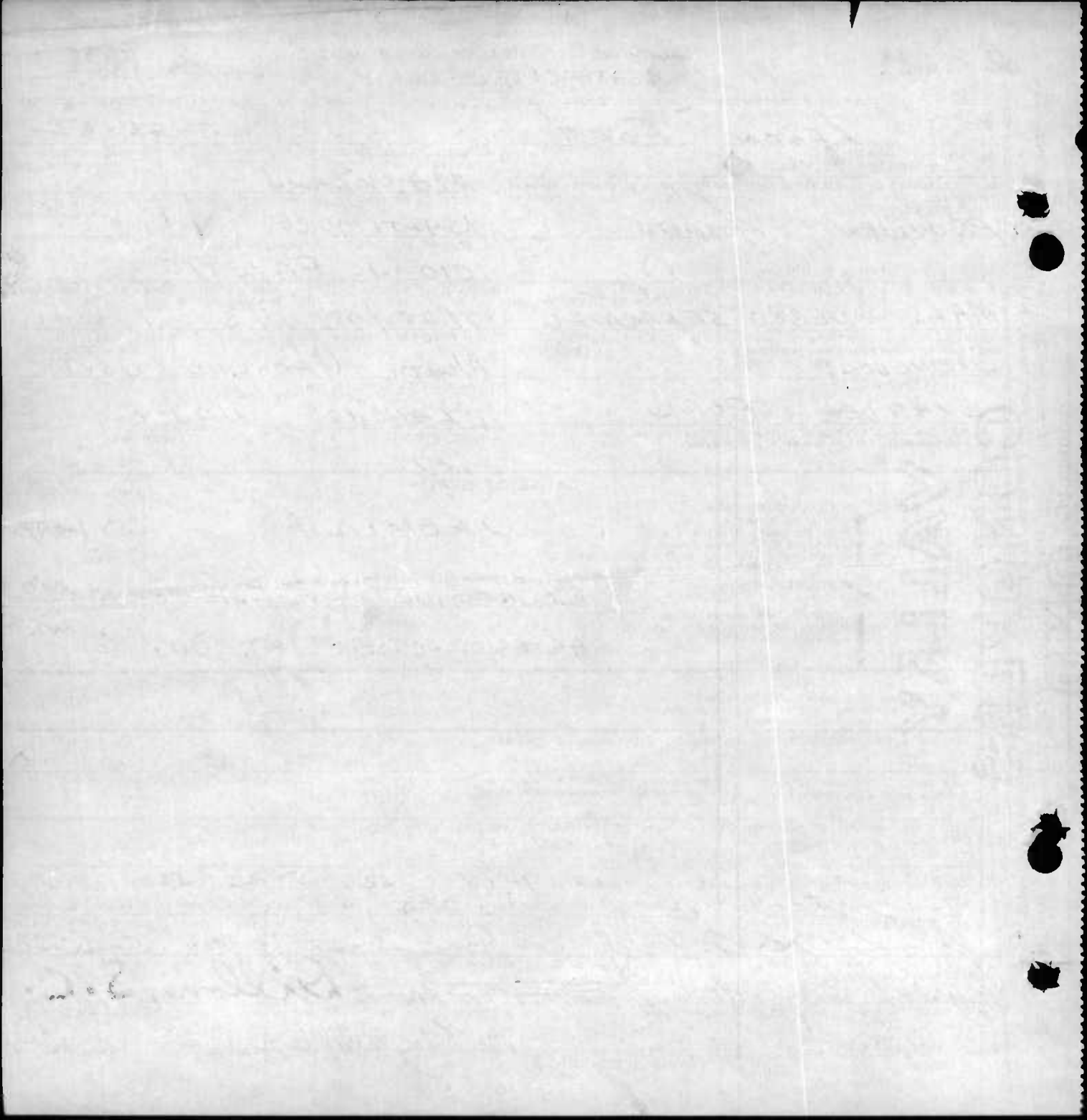
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of family		18. Signature of friends		19. Signature of neighbors		20. Signature of community	
21. Signature of school		22. Signature of employer		23. Signature of religious leader		24. Signature of public official	
25. Signature of justice of the peace		26. Signature of notary public		27. Signature of clerk of court		28. Signature of sheriff	
29. Signature of coroner		30. Signature of jury		31. Signature of jury foreman		32. Signature of jury members	
33. Signature of jury members		34. Signature of jury members		35. Signature of jury members		36. Signature of jury members	
37. Signature of jury members		38. Signature of jury members		39. Signature of jury members		40. Signature of jury members	
41. Signature of jury members		42. Signature of jury members		43. Signature of jury members		44. Signature of jury members	
45. Signature of jury members		46. Signature of jury members		47. Signature of jury members		48. Signature of jury members	
49. Signature of jury members		50. Signature of jury members		51. Signature of jury members		52. Signature of jury members	
53. Signature of jury members		54. Signature of jury members		55. Signature of jury members		56. Signature of jury members	
57. Signature of jury members		58. Signature of jury members		59. Signature of jury members		60. Signature of jury members	
61. Signature of jury members		62. Signature of jury members		63. Signature of jury members		64. Signature of jury members	
65. Signature of jury members		66. Signature of jury members		67. Signature of jury members		68. Signature of jury members	
69. Signature of jury members		70. Signature of jury members		71. Signature of jury members		72. Signature of jury members	
73. Signature of jury members		74. Signature of jury members		75. Signature of jury members		76. Signature of jury members	
77. Signature of jury members		78. Signature of jury members		79. Signature of jury members		80. Signature of jury members	
81. Signature of jury members		82. Signature of jury members		83. Signature of jury members		84. Signature of jury members	
85. Signature of jury members		86. Signature of jury members		87. Signature of jury members		88. Signature of jury members	
89. Signature of jury members		90. Signature of jury members		91. Signature of jury members		92. Signature of jury members	
93. Signature of jury members		94. Signature of jury members		95. Signature of jury members		96. Signature of jury members	
97. Signature of jury members		98. Signature of jury members		99. Signature of jury members		100. Signature of jury members	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5024**

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LENON FORD		2. DATE OF DEATH 5-25-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write R.R.A. and give township) BALTIMORE			
c. Length of stay in Baltimore 13		D. STREET ADDRESS (If rural, give location) 1010 W. FAYETTE			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATE	8. DATE OF BIRTH 10/25/08	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEVEDORE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	
13. FATHER'S NAME. EVANDER FORD		14. MOTHER'S MAIDEN NAME BLANCHE NANCE		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Dr.	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA		CAUSE OF DEATH (A) UREMIA DUE TO		INTERVAL BETWEEN ONSET AND DEATH 5-7 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CONGESTIVE HT. FAILURE DUE TO (C) ARTERIOSCLEROTIC HT. DIS.				5 mo 6 mo. +	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-14 , 19 52 to 5-25 , 19 52 that I last saw the deceased alive on 5-24 , 19 52 and that death occurred at 2:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. G. Reid		23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 5-25-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 31, 1952		24C. NAME OF CEMETERY OR CREMATORY Dillon, S.C.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR MacKatie R. Williams	
VS 150 940 55					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5025
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Susie Thompson

2. DATE
OF
DEATH

May 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2423 W. Lafayette Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **2423 W. Lafayette Ave. Balt.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **All her life**
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
2423 W. Lafayette Ave. Balt. Md.

5. SEX
F.

6. COLOR OR RACE
C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W

8. DATE OF BIRTH
Dec. 25, 1888

9. AGE (In years, last birthday)
63

If Under 1 Year: Months _____ Days _____
If Under 24 Hours: Hours _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13. FATHER'S NAME

William Hawkins

14. MOTHER'S MAIDEN NAME

Maggie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Calvin Parker 2423 W. Lafayette.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia & Congestive Heart Failure** **3 weeks**

DUE TO

ANTECEDENT CAUSES

(B) **A.H.C.V.R. Disease**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 4**, 19**52**, to **May 24**, 19**52**, that I last saw the deceased alive on **May 24**, 19**52**, and that death occurred at **11 P** m., from the causes and on the date stated above.

23A. SIGNATURE

George Mc Donald

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md.

23C. DATE SIGNED

5/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial
DATE RECEIVED BY LOCAL REGISTRAR
MAY 28 1952

24B. DATE

May 29 1952

24C. NAME OF CEMETERY OR CREMATORY

W. H. C. Cemetery

24D. LOCATION (City, town, or county) (State)

Balto. Md.

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St

TRANSFERS TO OTHER STATIONS

47410 30 243150723

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5026**

BIRTH NO. **650 5026**

1. NAME OF DECEASED (Type or Print) MINNIE BROWN			2. DATE OF DEATH May 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 18-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba/to		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 407 N. Poppleton St.		
5. SEX Female	6. COLOR OR RACE Coleoreu	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH JUNE 1922	9. AGE (In years last birthday) 29	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			11. BIRTHPLACE (State or foreign country) Pinewood S.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Preston Brail/Ford			14. MOTHER'S MAIDEN NAME Rose Canty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
			17. INFORMANT Preston Brail/Ford		
			ADDRESS		

18. **E880.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **methyl alcohol poisoning.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) probably home address above
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 18 '1952 ? m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? drank methyl alcohol

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William C. Spence</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED May 19, 1952
--	--	---

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 28, 1952	24C. NAME OF CEMETERY OR CREMATORY W.H. Calverton Cem	24D. LOCATION (City, town, or county) (State) Ba/to Md
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952	REGISTRAR'S SIGNATURE <i>Hamington Williams</i>	25. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>	ADDRESS 3224 Schuylkill

V S 151 **N961.0**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Signature of Physician		14. Signature of Registrar		15. Date of Registration		16. File Number	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 5027

BIRTH NO. 346 5027

1. NAME OF DECEASED (Type or Print) LUCY BUTLER		2. DATE OF DEATH May 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 304 N. High Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 15, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 37 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Boston Stevens		14. MOTHER'S MAIDEN NAME Lucy Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT James M. Butler		ADDRESS 304 N. High St.	

18. **416x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Embolism**

DUE TO **Rheumatic Heart Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature] M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1952

[Signature]

[Signature]

[Signature]

CERTIFICATE OF DEATH

REPORTED BY HEALTH OFFICIAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5028

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CALVIN JACOB STEWART

2. DATE
OF
DEATH

May 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2051 Llewellyn Avenue

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2051 Llewellyn Avenue

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-15-1900

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plasterer

10B. KIND OF BUSINESS OR
INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

Woodward, Fairfield S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Morah Stewart

14. MOTHER'S MAIDEN NAME

Silvia Caldwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

242-12-6989

17. INFORMANT

ADDRESS

Robert Stewart 1743 Ashland Ave.

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Luetic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

5/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Shipped

5-28-1952

Redhill Cemetery

Woodward South Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Randolph J. Edlick 412 E. Preston St.

MAY 28 1952

VS 151

57324

8002 SA

CERTIFICATE OF DEATH

8002

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

AGE AT BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5029BIRTH NO. 52 50291. NAME OF DECEASED
(Type or Print)

ARMISTEAD

H.

BUSH, SR.

2. DATE
OF
DEATH

May 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1304 Marshall Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

23-02

D. STREET ADDRESS (If rural, give location)

1304 Marshall Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 6, 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR
INDUSTRY

Walter Mitchell Pipefitting Co

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

11. BIRTHPLACE (State or foreign country)

FATHER'S NAME

James G. Bush

14. MOTHER'S MAIDEN NAME

Elizabeth Birdman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-10-3384

17. INFORMANT

Mitchell M. Bush 1304 Marshall St

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of the lung with wide
spread metastases

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
May 28, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1952

Huntington Williams M.D.

James G. Bush 1400 St. Luke

CONFIDENTIAL

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

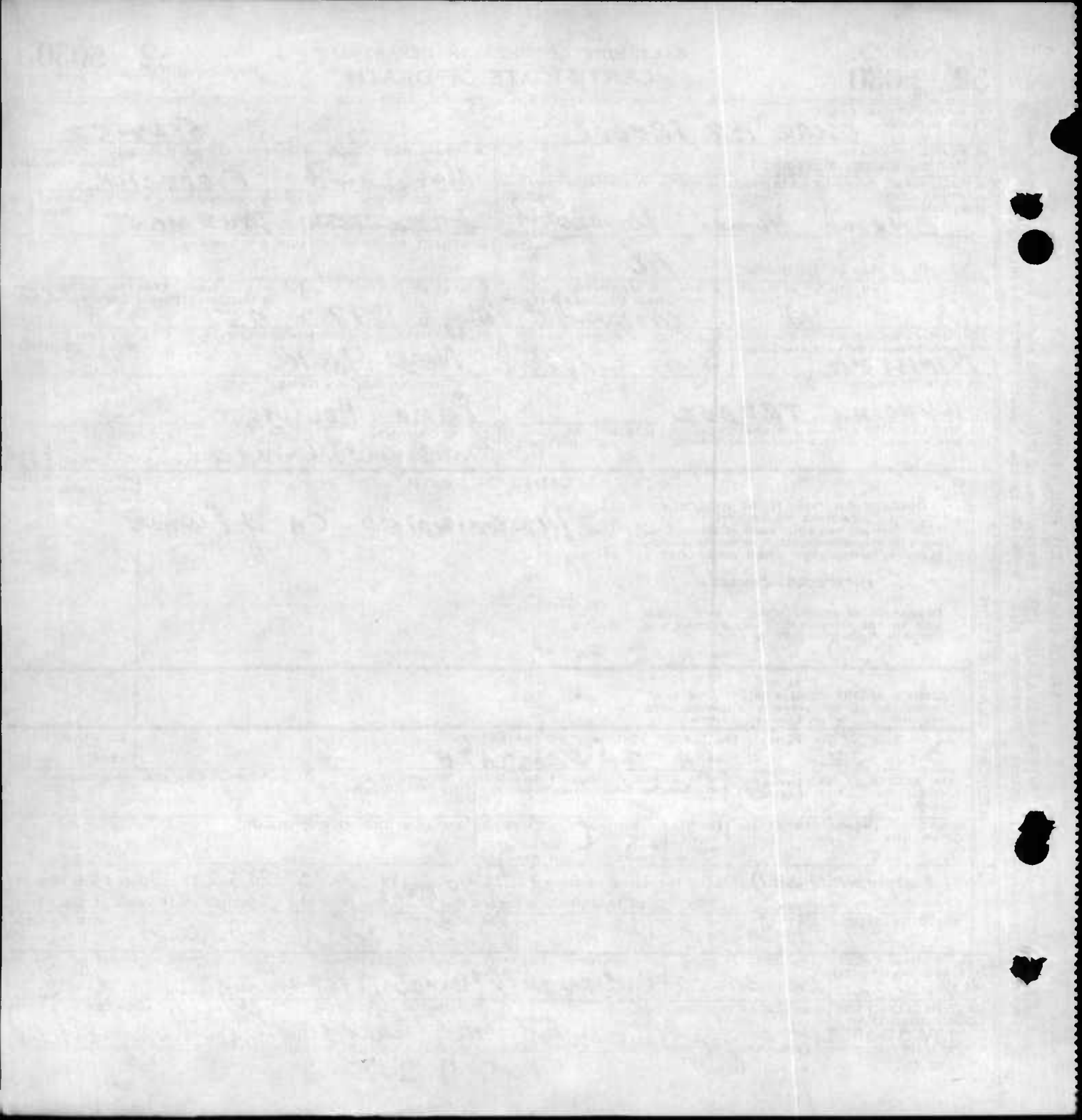
Registered No. 52 5030

636
52 5030
BIRTH NO.

1. NAME OF DECEASED (Type or Print) OSCAR F.R. TREDER			2. DATE OF DEATH 5-28-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY FREDERICK		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FREDERICK THURMONT		
c. Length of stay in Baltimore 10 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6000		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6 1877	9. AGE (In years last birthday) 25	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10B. KIND OF BUSINESS OR INDUSTRY Principal Church		11. BIRTHPLACE (State or foreign country) NEW YORK
13. FATHER'S NAME Rudolph TREDER			14. MOTHER'S MAIDEN NAME EMMA HELWIG		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Oscar F.R. Treders Thurmont			ADDRESS		
18. 177x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Disseminated CA of Prostate			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-14-52			19B. MAJOR FINDINGS OF OPERATION CA of Prostate		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5/6/52 , 19 52 , to 5/28/52 , 19 52 , that I last saw the deceased alive on 5/28/52 , 19 52 , and that death occurred at 12:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE W. H. Williams, M.D.			23B. ADDRESS Church Home Hospital		
23C. DATE SIGNED 5/28/52					
24A. BY RIAL CREMATION, REMOVAL (Specify) Cremation		24B. DATE May 30-52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	
24D. LOCATION (City, town, or county) Washington		24E. STATE D. C.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR M. S. Cresson	
ADDRESS Thurmont					

VS 150

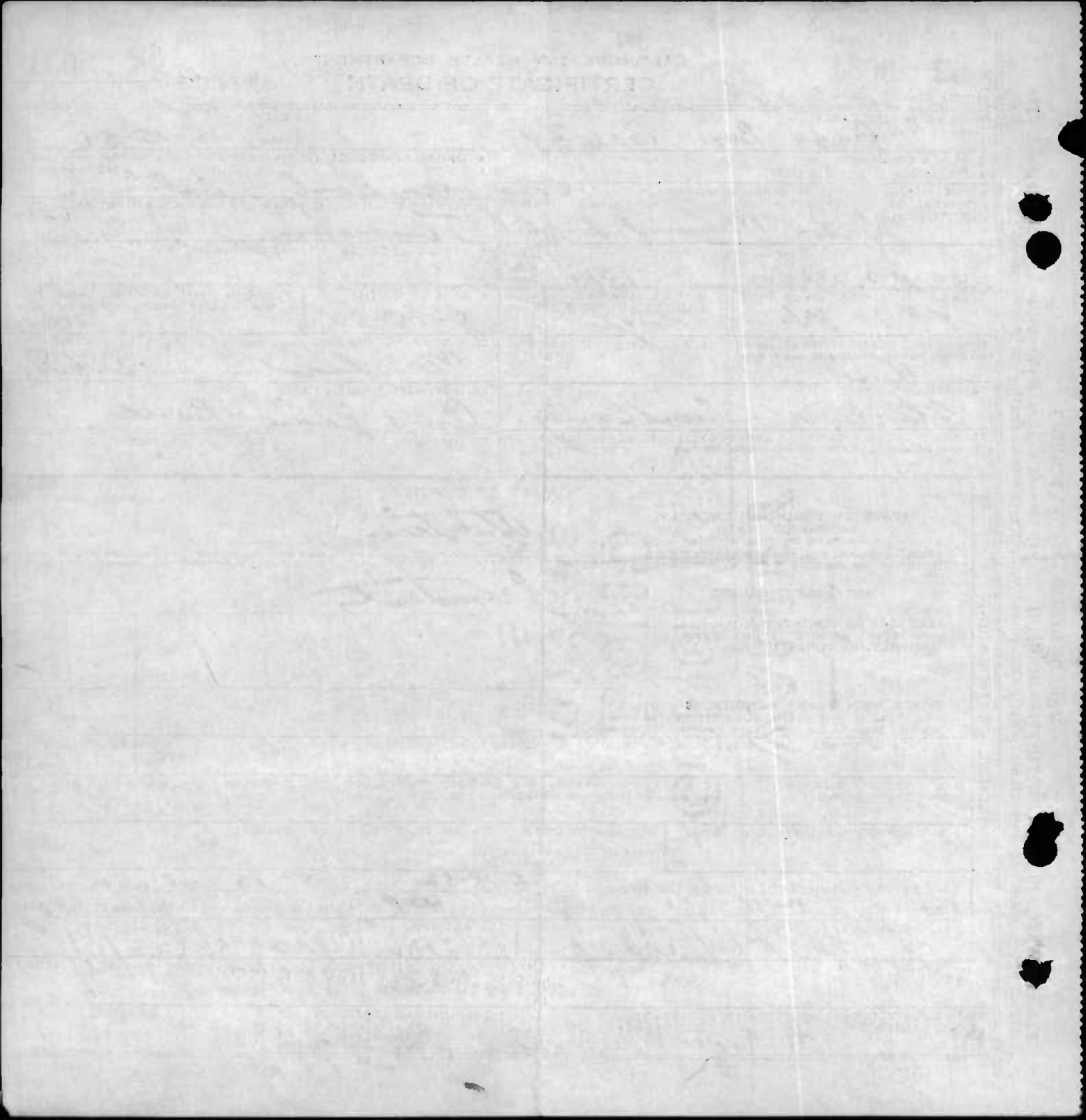
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5031		BALTIMORE CITY HEALTH DEPARTMENT		52 5031	
BIRTH NO. 52-11363		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) BABY BOY BOSLEY.			2. DATE OF DEATH 5-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Timonium		
c. Length of stay in Baltimore 10 hrs			D. STREET ADDRESS (If rural, give location) 5300		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-15-52	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stanley Woodward Bosley.			14. MOTHER'S MAIDEN NAME Anne Louise Bosley.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Atelectasis DUE TO Prematurity II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-15-52 , 19 52 , to 5-15 , 19 52 , that I last saw the deceased alive on 5-15 , 19 52 , and that death occurred at 6:00 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert J. Sludsky, M.D.		23B. ADDRESS Union Memorial		23C. DATE SIGNED 5/19/52	
24A. (BURIAL, CREMATION, REMOVAL) (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	
DATE RECEIVED BY LOCAL REG. CLERK MAY 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5032
BIRTH NO. 52-11399

52 5032

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Rosser</i>			2. DATE OF DEATH <i>May 23 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, in institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for Women of Maryland</i>			C. CITY OR TOWN <i>Baltimore</i> D. STATE <i>Md.</i>		
6. Length of stay in Baltimore			E. STREET ADDRESS (If rural, give location) <i>5705 Meriville Avenue</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	10. DATE OF BIRTH <i>May 22 1952</i>		11. AGE (in years last birthday) <i>20</i>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —			13. KIND OF BUSINESS OR INDUSTRY —		14. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
15. FATHER'S NAME <i>Thomas Earl Rosser</i>			16. MOTHER'S MAIDEN NAME <i>Gene Elaine Coleman</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			18. SOCIAL SECURITY NO. —		
19. INFORMANT			ADDRESS		

19. <i>756.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Atresia of Duodenum</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 hr 2 min</i>	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Mongolianism</i>			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION <i>5-22</i>		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. TIME (Month) (Day) (Year) (Hour) OF INJURY		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from <i>5-22</i> , 19 <i>52</i> , to <i>5-23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5-23</i> , 19 <i>52</i> and that death occurred at <i>9:15</i> A. M., from the causes and on the date stated above.			
31. SIGNATURE <i>Samuel D. Powell Jr.</i>		32. ADDRESS <i>Hosp. for Women, 412nd. Baltimore Md.</i>	
33. DATE SIGNED <i>5/23/52</i>			
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE	
36. NAME OF CEMETERY OR CREMATORY		37. LOCATION (City, town, or county)	
38. RECEIVED BY LOCAL REGISTRAR <i>MAY 28 1952</i>			
39. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		40. FUNERAL DIRECTOR <i>Commissioner of Health</i>	
41. ADDRESS			

SEP 2

OFFICE OF THE SECRETARY

Office of the Secretary

Department of the Interior

State of California, County of San Diego, City of San Diego, Office of the Recorder of Deeds, Book 1, Page 1, 1892

State of California, County of San Diego, City of San Diego, Office of the Recorder of Deeds, Book 1, Page 1, 1892

State of California, County of San Diego, City of San Diego, Office of the Recorder of Deeds, Book 1, Page 1, 1892

State of California, County of San Diego, City of San Diego, Office of the Recorder of Deeds, Book 1, Page 1, 1892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY <u>Baltimore</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Catonsville</u> TOWN <u>Catonsville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Hoods Nursing Home</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Howard</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Sykesville</u> TOWN <u>Sykesville</u> STREET ADDRESS (If rural, give location) <u>6200 ✓</u>	
3. NAME OF DECEASED (Type or Print) <u>Dora V. Lauer</u>	4. DATE OF DEATH <u>1-12-52</u>	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11-2-1866</u>	9. AGE last birthday <u>85</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME <u>Blair Hardacre</u>	14. MOTHER'S MAIDEN NAME <u>Eliza J. Liffel</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT AND ADDRESS <u>Mrs. Arthur J. Linn, Sykesville, Md.</u>	18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Degenerative C. V. Disease</u>			
Antecedent cause(s) (b) <u>Arterio Sclerosis</u>			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-2</u> , 19 <u>52</u> , to <u>1-12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>52</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Jessie Howell</u>		DATE SIGNED <u>1/13</u>	
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>1-15-52</u>	NAME OF CEMETERY OR CREMATORY <u>Fletcher</u>	LOCATION (City, town, or county) (State) <u>Fletcher, Ohio</u>
DATE REC'D BY LOCAL REG. <u>1-14-52</u>	REGISTRAR'S SIGNATURE <u>V.E. Harry</u>	24. FUNERAL DIRECTOR ADDRESS <u>F.C. Higinbotham, Ellicott City, Md.</u>	

is especially important. Physicians: please write the causes of death clearly and briefly.

- 1 -

BUREAU V. S.

NOV 18 1952

RECEIVED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5034
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)E.
JOSEPH FANSHAW (JOSEPH E. FANSHAW)2. DATE
OF
DEATH

May 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7814 Daniels Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec; 29-1885

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Crown Cork & Seal

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Caleb W. Fanshaw

Crown Cork & Seal

14. MOTHER'S MAIDEN NAME

Maggie Ann Capps

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Olie W. Hubbard W. Baltimore ST

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Head injury

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Compound comminuted fractures of both tibias and fibulas

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Dulaney Valley Rd. 5300

21D. TIME (Month) (Day) (Year) (Hour) A. 21E. INJURY OCCURRED

OF INJURY

May 25, 1952 12:55M.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lippert

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR23C. DATE SIGNED
May 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 29-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

F. B. WIRPERT & SON 1300 Eutaw Pl. 17

100-100000

100-100000

DECLARATION OF DEATH

STATE OF CALIFORNIA

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5035
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Israel Rosenberg

2. DATE
OF DEATH May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3706 Nortomia Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2437 Callow Ave

c. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

May 30, 1874

9. AGE (In years

last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rag Business

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harris Rosenberg

14. MOTHER'S MAIDEN NAME

Gertrude ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Jesse Rosenberg

ADDRESS

2437 Callow Ave

18. 350x and 154x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerosis - Cerebro-

DUE TO

ANTECEDENT CAUSES

(B)

Vascular Disease -

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Parkinson's Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Carcinoma of Rectum
post. operation -INTERVAL BETWEEN
ONSET AND DEATH5 years
10 yrs
555 years
10 yrs
55

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1947 to May 28, 1952, that I last saw the deceased alive on May 27, 1952 and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Smith

M. D.

23B. ADDRESS

2426 E. Howard St.

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Aitz Chaim Cong Cemetery

24D. LOCATION (City, town, or county)

Washington Blvd Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson & Sons

ADDRESS

1126 W North Ave

M-621
52 5036

52 5036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE MARKOFF

2. DATE
OF
DEATH

5.28.1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Ind.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto 16

D. STREET ADDRESS (If rural, give location)

3406 Powhattan Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

4.23.1905

9. AGE (In years
last birthday)

47

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balto, Ind

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Guldman

14. MOTHER'S MAIDEN NAME

Thersa Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Julius Markoff 3612 Sequo Ave

ADDRESS

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized carcinomatous

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

carcinoma of the breast.

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5.21.1952 to 5.27.1952 that I last saw the
deceased alive on 5.28.1952 and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Chelminsh

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5.28.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sharrei Thiloh Cong Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Glickman, Burs. North Ave

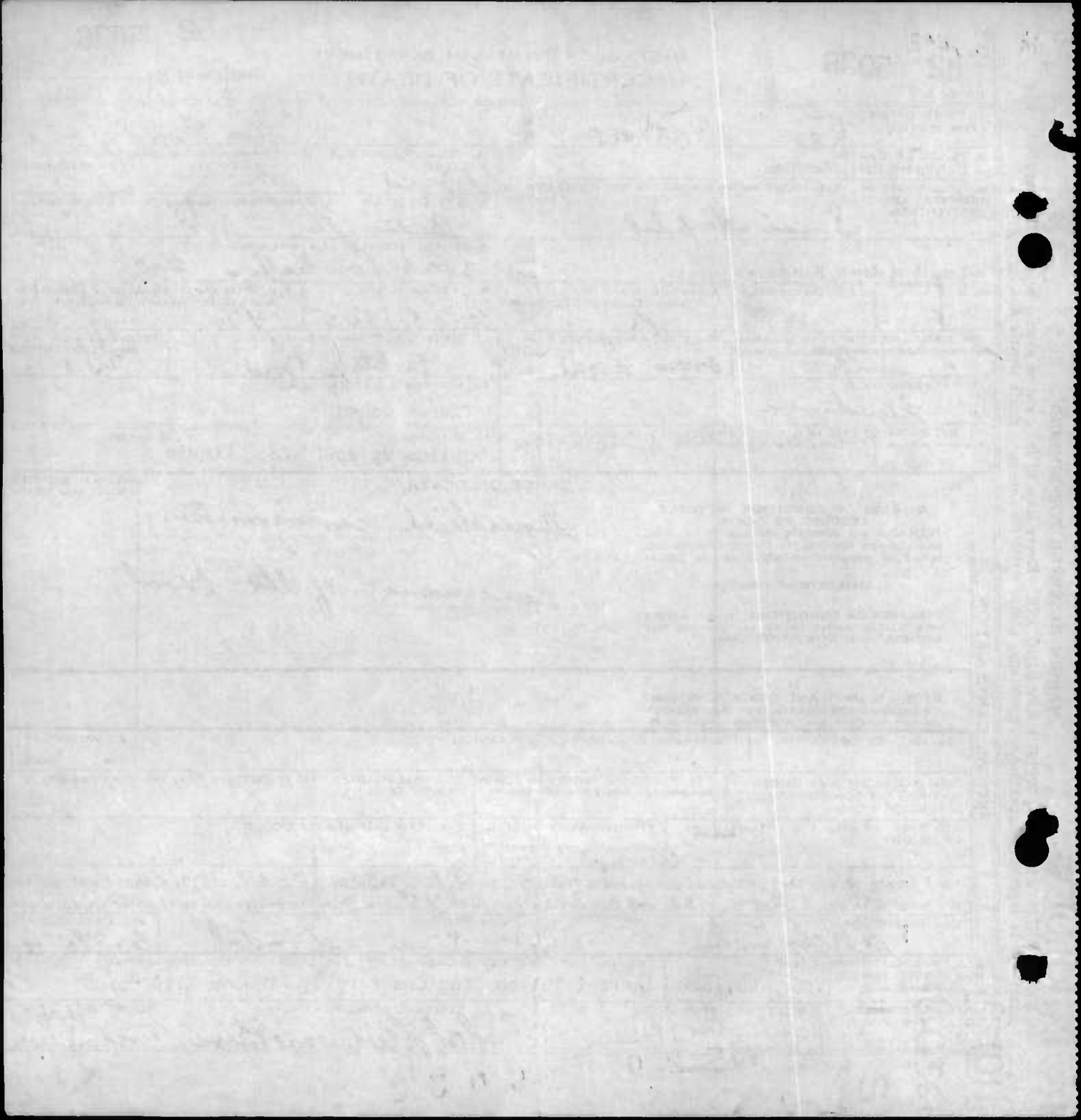
MAY 29 1952

VS 150

52 5036

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5037

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY CEPHALIS

2. DATE
OF
DEATH

5/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland
Baltimore

C. CITY OR TOWN (If outside corporate limits, give R.R.A.L. and give township)

D. STREET ADDRESS (If rural, give location)

2037 W. Lexington St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Nov. 5, 1911

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, if not retired)

operator

10B. KIND OF BUSINESS OR
INDUSTRY

Chemical

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Cephalis

14. MOTHER'S MAIDEN NAME

Ann -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Lester Pauline Ostrowski

ADDRESS

Lester Pauline Ostrowski

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Lung

INTERVAL BETWEEN
ONSET AND DEATH

7 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized
Metastases

(C)

1 month

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 1951

19B. MAJOR FINDINGS OF OPERATION

Ca of Lt. Lung.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/87, 1952, to 6/26, 1952, and I last saw the deceased alive on 6/26, 1952, and that death occurred at 5 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Vennekott

23B. ADDRESS

Maryland Gen Hosp

23C. DATE SIGNED

5/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-29-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Dundalk, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

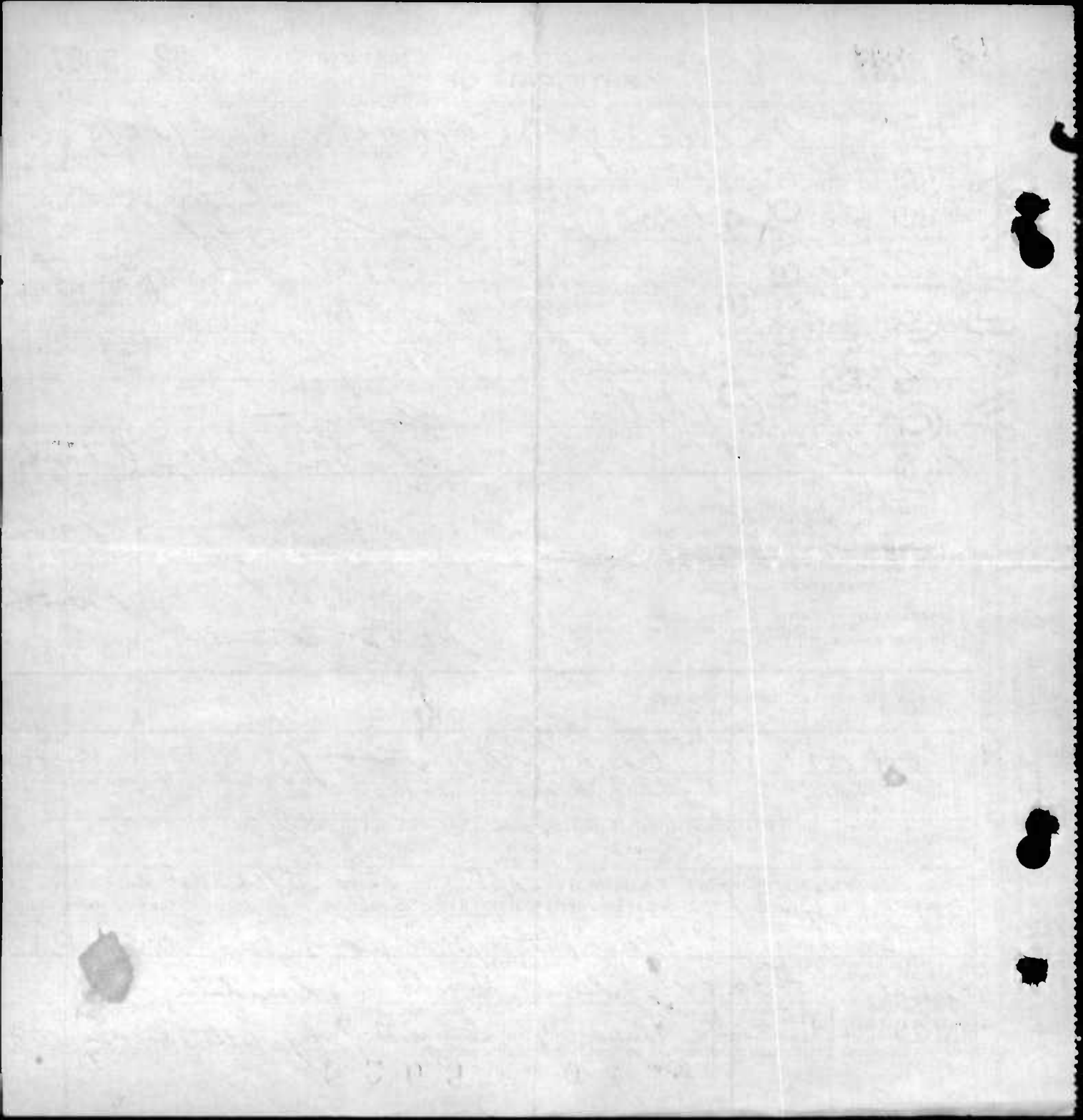
George D. Foley - Fulton Ave & Myrtle St.

ADDRESS

Fulton Ave & Myrtle St.

VS 150

1952 6 26 4R 5037



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5038

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/27, 1952, to 5/28, 1952, that I last saw the
deceased alive on 5/28, 1952, and that death occurred at 7:10A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

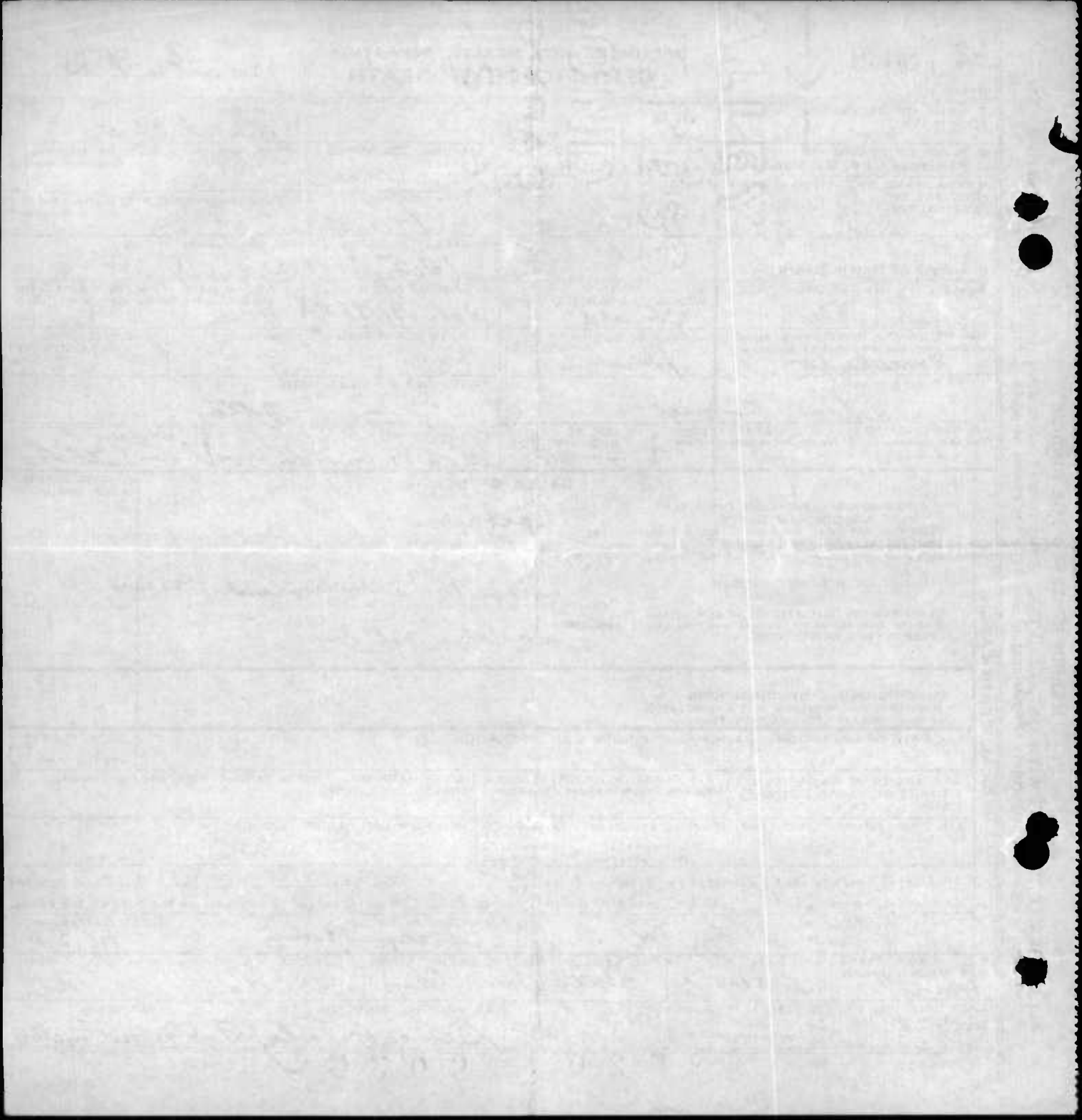
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5039

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>ELIZABETH H. KINDERVATTER</u>			2. DATE OF DEATH <u>MAY 26, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>MELCHOR HOME</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>X</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>2327 N. CHARLES ST</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE 10-02</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>909 McALEER COURT</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 12-1865</u>	9. AGE (In years, last birthday) <u>86</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BALTIMORE MD</u>
13. FATHER'S NAME <u>P. HAUPT</u>			14. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>MRS MARIE MITCHELL WINDSOR MILL</u>	
18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>GENERAL CARCINOMATOSIS.</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(A) DUE TO (B) DUE TO (C) DUE TO		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>MAY 26, 1952</u> to <u>MAY 26, 1952</u> that I last saw the deceased alive on <u>NEVER</u> 19 <u>52</u> and that death occurred at <u>11:35</u> Am., from the causes and on the date stated above.					
23A. SIGNATURE <u>James A. Roberts</u>		23B. ADDRESS <u>5800 OAKVIEW AVE BALT. 14</u>		23C. DATE SIGNED <u>5/28/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>MAY 29-1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>PARK WOOD</u>	24D. LOCATION (City, town, or county) (State) <u>PARKVILLE MD</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 29 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, MD</u>	25. FUNERAL DIRECTOR <u>VLL RICH FUNERAL HOME</u>		ADDRESS <u>2008 ORLEANS ST</u>	

1903 S.

RECEIVED AT THE
OFFICE OF THE
TREASURER OF THE
UNITED STATES

1903

702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5040

52 5040

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-10-1952 to 5-27-1952, that I last saw the deceased alive on 5-27-1952, and that death occurred at 4:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

69047

0-07 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52-5041

BIRTH NO. 52-5041 52-12973

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Hudson</i>			2. DATE OF DEATH <i>May 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Essex</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>411 Margaret Ave. 5354</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-26-52</i>		9. AGE (In years last birthday) <i>1</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Gene Ball Hudson</i>			14. MOTHER'S MAIDEN NAME <i>Rosalie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>776x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5-27-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-27, 1952</i> , to <i>5-27, 1952</i> , that I last saw the deceased alive on <i>5-27, 1952</i> , and that death occurred at <i>6 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Salomon Cohen</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>May 28 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Co Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR ADDRESS <i>John S. Connelly Essex Md</i>	

1911

84

CERTIFICATE OF DEATH

City of New York

County of New York

Decd. M. J. O'Connell

Age 72 years

Sex Male

Married

Occupation

Physician

Signature

City of New York

County of New York

Decd. M. J. O'Connell

Age 72 years

Sex Male

Married

Occupation

Physician

Signature

City of New York

County of New York

Decd. M. J. O'Connell

Age 72 years

Sex Male

Married

Occupation

Physician

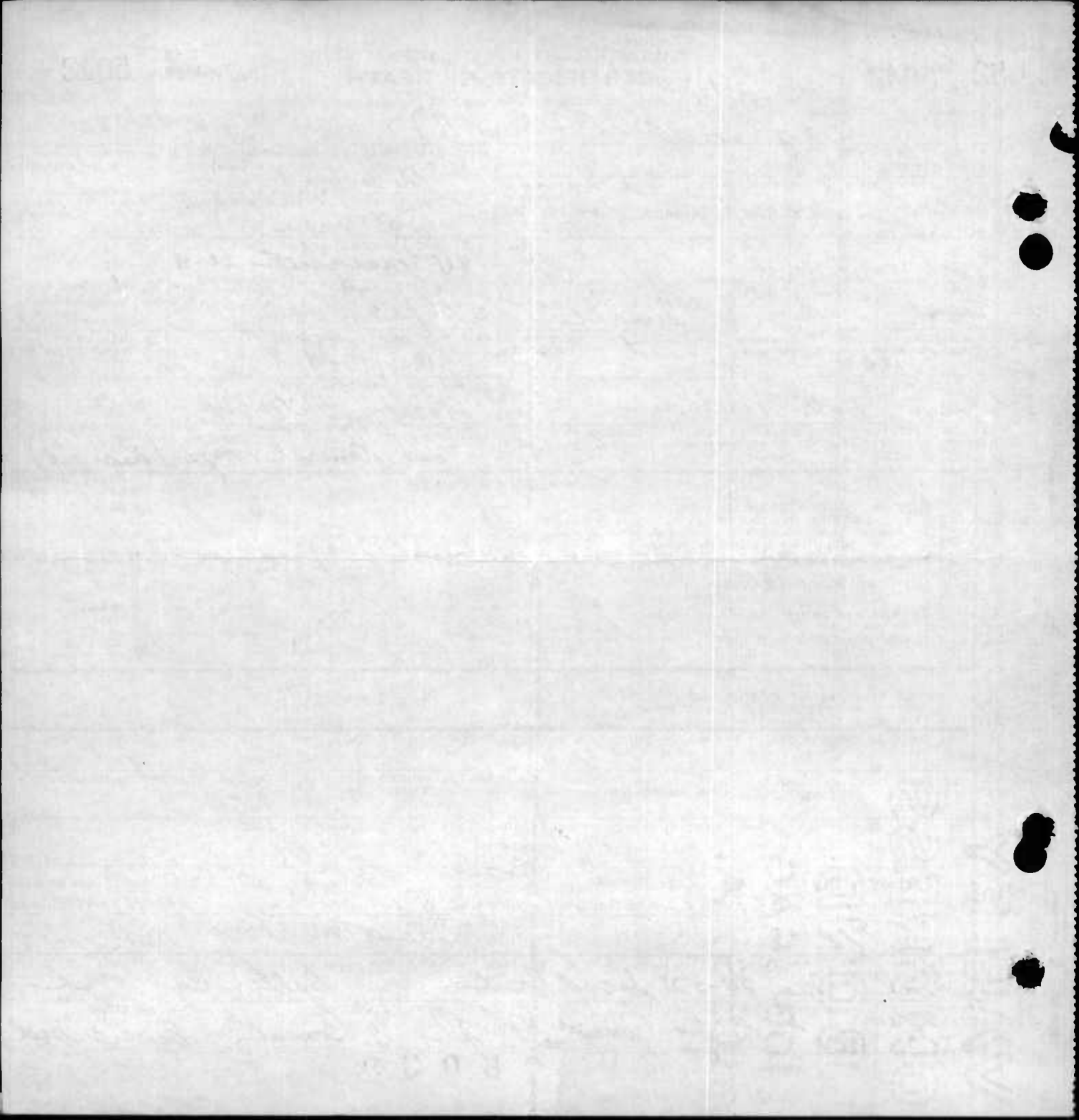
Signature

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5042

BIRTH NO. 52 5042 52-12974		1. NAME OF DECEASED (Type or Print) Baby Hudson (twin B)		2. DATE OF DEATH 5/27/952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Essex			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 411 Margaret Ave. 5354			
5. SEX Female	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5/26/52	9. AGE (in years last birthday)	10. Under 1 Year Months: Days: 10 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Gene Ball Hudson		14. MOTHER'S MAIDEN NAME Rosalie Wingler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT Md. General Hosp. (Records)	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Prematurity DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH			
21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/26/1952 to 5/27, 1952 that I last saw the deceased alive on 5/27, 1952 and that death occurred at 3:00 Am., from the causes and on the date stated above.					
23A. SIGNATURE Dr. P. Vadamid		23B. ADDRESS Maryland Gen. Hosp.		23C. DATE SIGNED 5/28/952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 29-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) Baltimore, Co. Md		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS John G. Connolly Essex Md	
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1952		VS 150			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5043

BIRTH NO. 5043

1. NAME OF DECEASED
(Type or Print)

Salomon Amduars

2. DATE
OF
DEATH

5-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

2023 E. BALTIMORE ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tavern Owner

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York - N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mendel

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Shirley Amduars - 2023 E. Balto St

18.

591X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

UREMIA

DUE TO

VAGUE PELVIC CALCULUS
LOWER NEPHRON NEPHROSIS

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-17, 1952 to 5-28, 1952, that I last saw the
deceased alive on 5-28, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

F. H. H. H.

M. O.

23B. ADDRESS

Sinai Hospital.

23C. DATE SIGNED

5-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

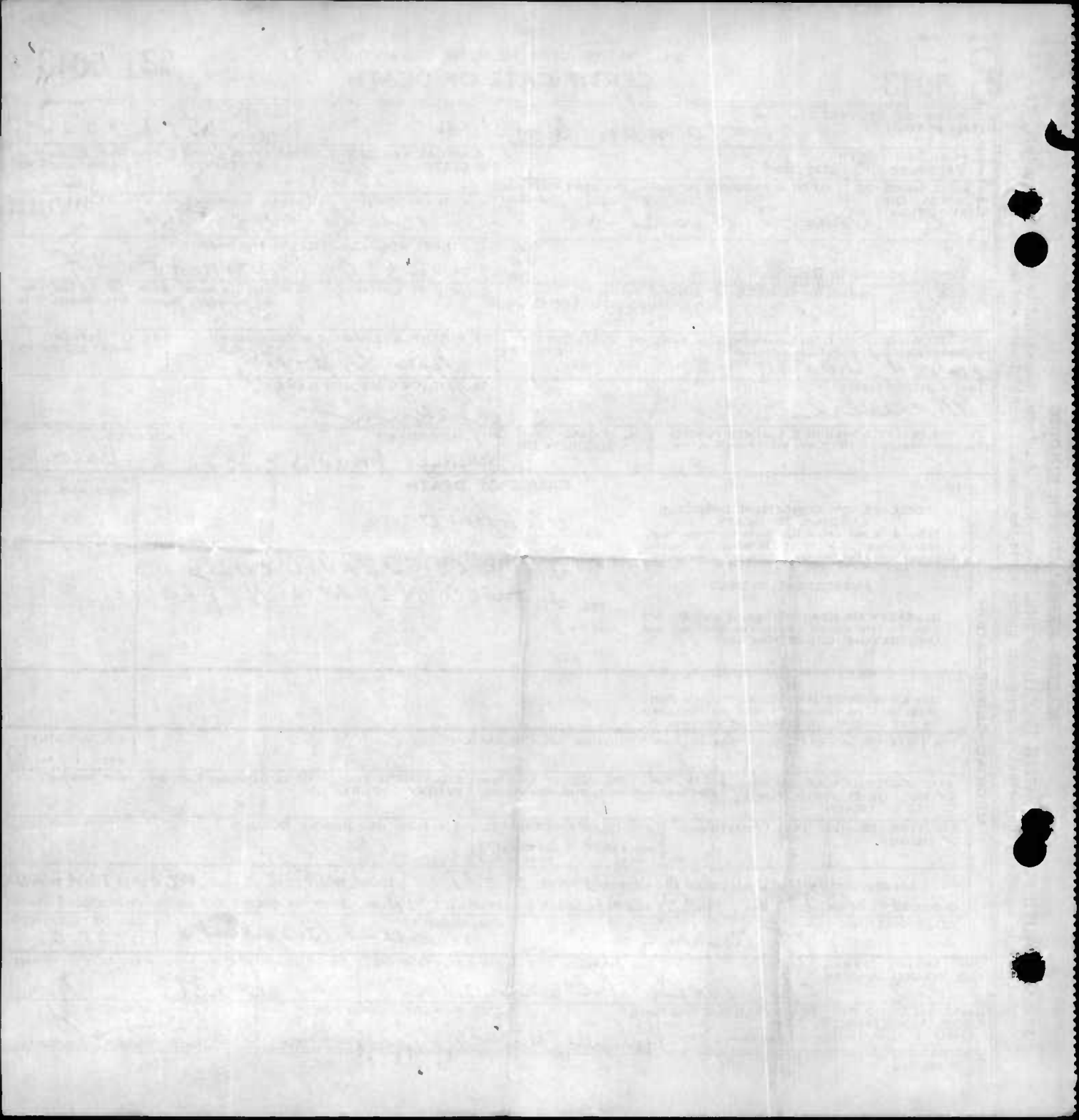
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

29064



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5044

BIRTH NO. 5044

1. NAME OF DECEASED
(Type or Print)

Harry Gottlieb

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4017 Dorchester Rd

c. Length of stay in Baltimore

49

Yrs.

Mos.

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Morris Gottlieb (R)

14. MOTHER'S MAIDEN NAME

Thelma Freedman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic lymphatic
leukemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
shoot home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 3/20 to 5/28, 1952 that I last saw the
deceased alive on 5/28, 1952, and that death occurred at 11:05 AM, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Anne B. McKinnick, M. D.

JOHNS HOPKINS HOSPITAL

5/28/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

5-29-52

Ceth T. Fitch

Baltimore

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

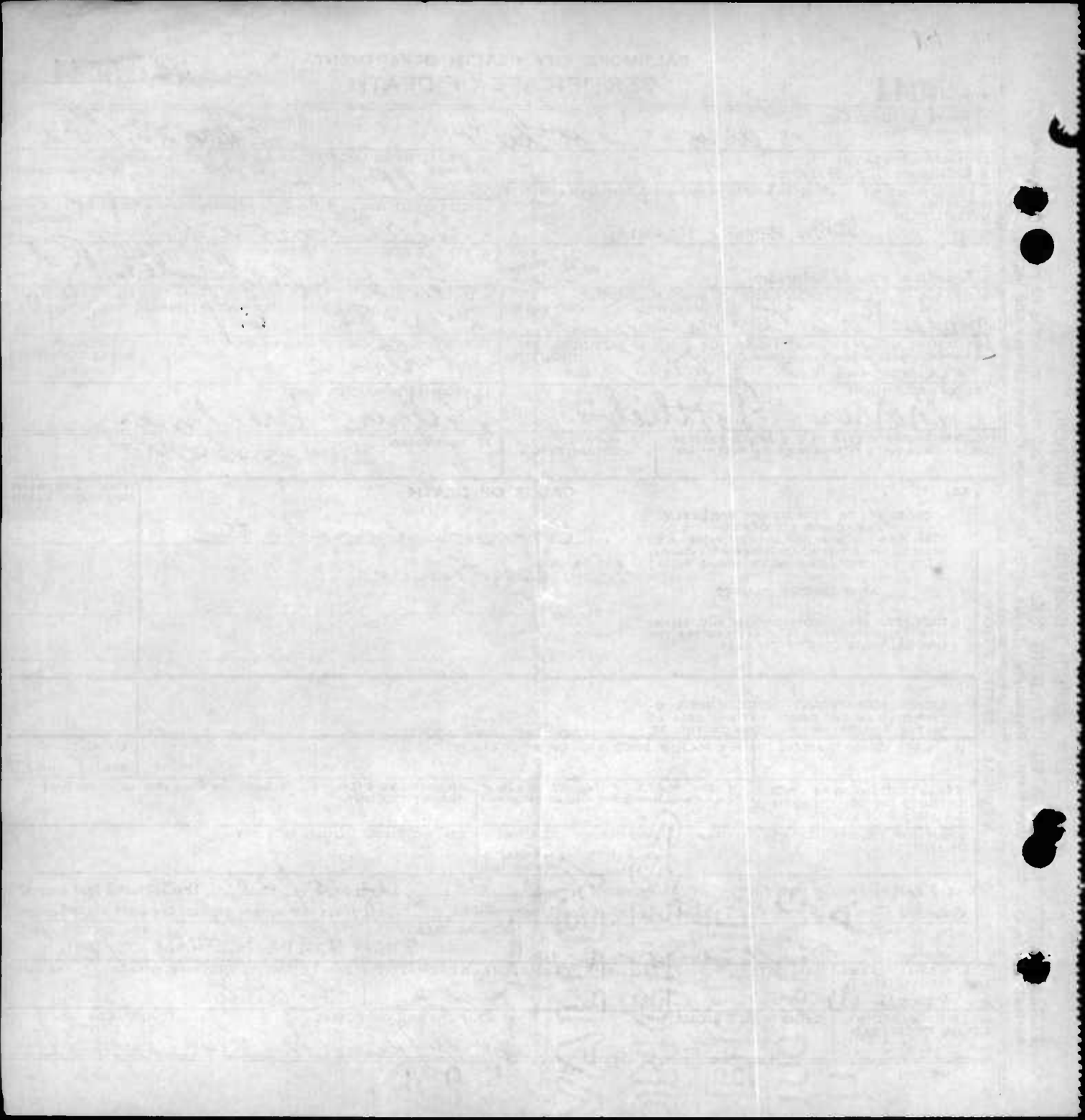
ADDRESS

MAY 29 1952

Huntington Williams, MD

Jasen Lewicki 2100 Easton Rd

025906B1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5045

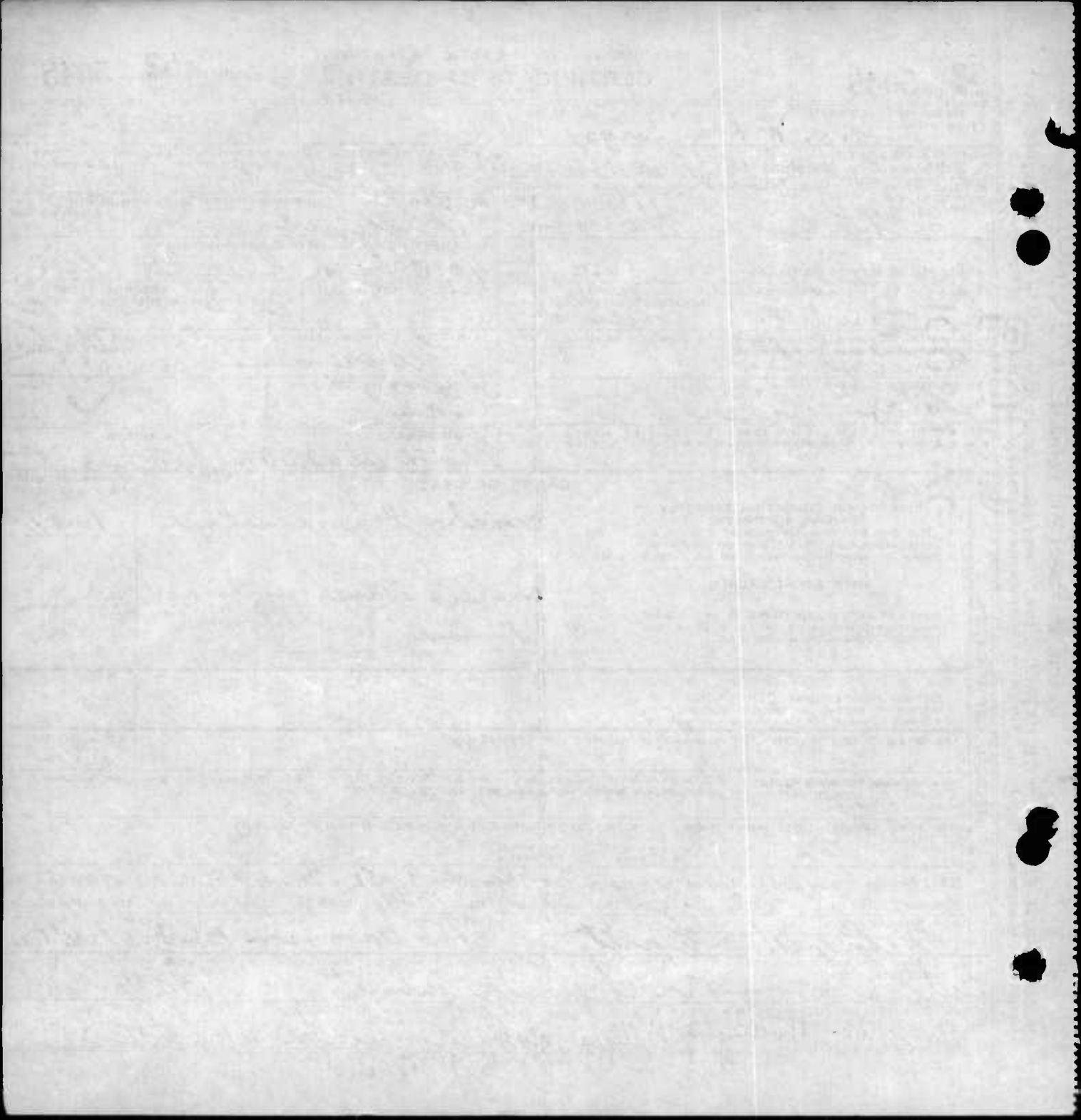
260
52 5045
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Yetta Sugar.</i>			2. DATE OF DEATH <i>5-28-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4613 Park Hgts Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>60 Mt Sinai Home</i>			C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) <i>Baltimore 27-16</i>		
C. Length of stay in Baltimore <i>60</i> Yrs. <i>Mon</i> Days			D. STREET ADDRESS (If rural, give location) <i>4613 Park Heights Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>75</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>
13. FATHER'S NAME <i>Gudel Kiers</i>			14. MOTHER'S MAIDEN NAME <i>Leah</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Milton Stark 3707 Northmore Ave</i>

18. <i>422.1</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral hemorrhage</i>	<i>1 wk.</i>	
ANTECEDENT CAUSES	(B) <i>Cardio-vasc. arteriosclerosis</i>	<i>many yrs.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>diabetes</i>		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 9, 1951</i> , to <i>May 28, 1952</i> , that I last saw the deceased alive on <i>May 28, 1952</i> and that death occurred at <i>1:15 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Nathaniel Spruit</i> M. O.		23B. ADDRESS <i>3100 Garrison Blvd</i>		23C. DATE SIGNED <i>5/28/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>5-29-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Friendship</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>Mr. Jack Lewis Inc</i>		ADDRESS <i>2100 Canton Pl</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5046

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Chew Evans

2. DATE
OF DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mdy 1

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Annapolis

D. STREET ADDRESS (If rural, give location)

5 Eastern Ave

5210

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 27, 1898

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vice President

10B. KIND OF BUSINESS OR
INDUSTRY

Electric Mfg. Appl.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter H. Evans

14. MOTHER'S MAIDEN NAME

Mary Louise Chew

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

015-03-7197

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of prostate

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26, 1952, to 5-28, 1952, that I last saw the
deceased alive on 5-28, 1952, and that death occurred at 5:13 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Anne B. Maternick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

24D. LOCATION (City, town, or county)

Arlington, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. T. Tichener & Sons

ADDRESS

Balt. 17, Md.

VS 150

29037

Balt. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITAL STATISTICS

STATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5047
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Norris, Cecilia Laura</i>			2. DATE OF DEATH <i>5/27/52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY <i>Balto</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Dundalk Johnson.</i>		
c. Length of stay in Baltimore <i>9 1/2</i> Yrs. <i>Mon.</i> <i>Days</i>			d. STREET ADDRESS (If rural, give location) <i>101 Willow Ave. 5355</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1/31/1877</i>		9. AGE (in years last birthday) <i>75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Leugan, Edward.</i>			14. MOTHER'S MAIDEN NAME <i>Wright, Mary, M.B.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Norris, Mrs. Mary</i> ADDRESS <i>Balto 5355 + 101 Willow Ave.</i>		

18. <i>231X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral Vascular Hemorrhage</i> DUE TO <i>Hypertension and</i> (B) <i>Arterio Sclerosis Gen.</i> DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

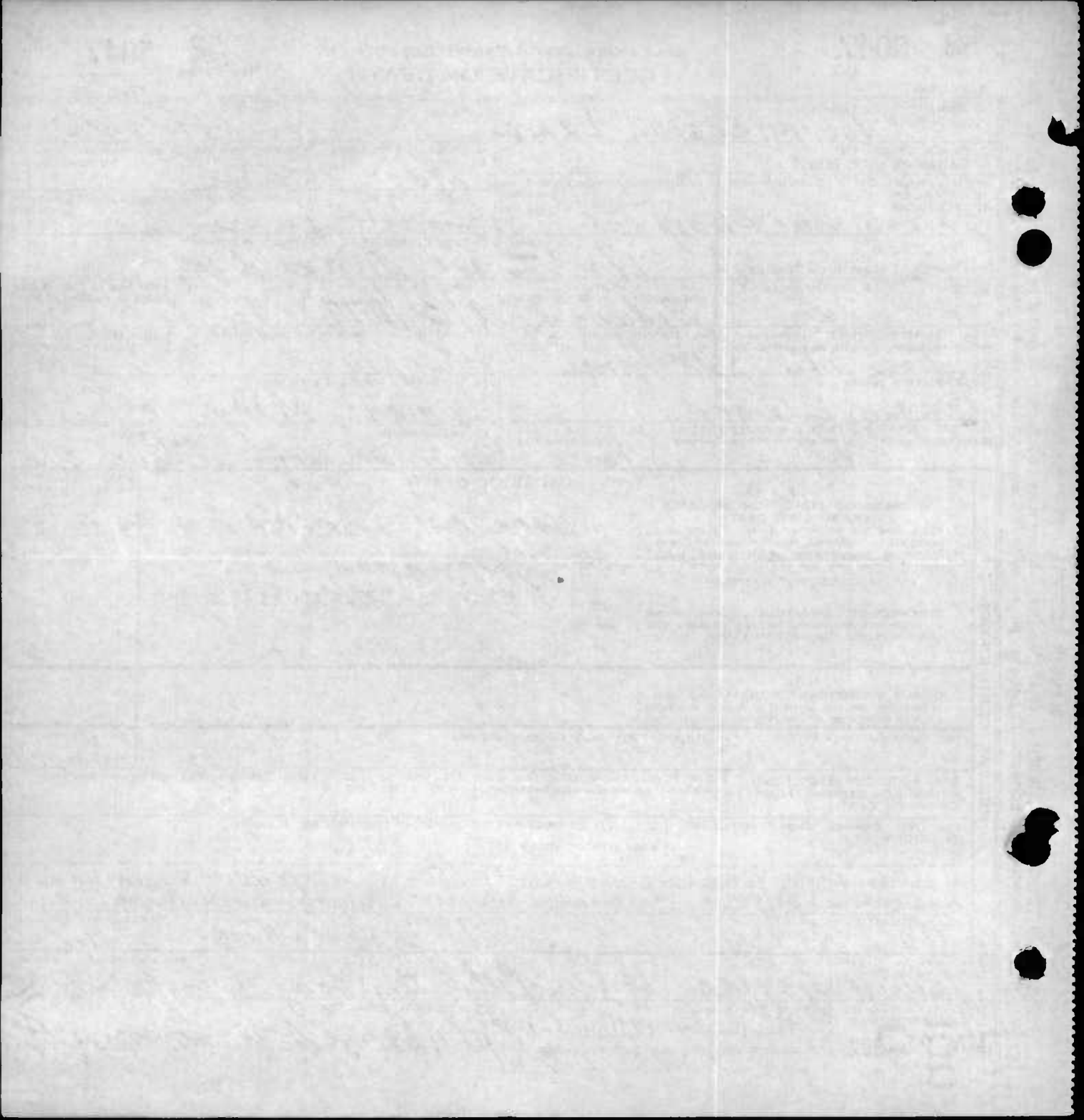
22. I hereby certify that I attended the deceased from *5/20/52* 19, to *5/27/52* 19, that I last saw the deceased alive on *5/21/52* 19, and that death occurred at *12* A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Harrison</i>	23b. ADDRESS <i>Church Home & Hosp.</i>	23c. DATE SIGNED <i>5/27/52</i>
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/29/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. John's Catholic Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Long Green, Balto. Co., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1952 VS 150	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John Burns' Sons, Towson, Md.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 5048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5048

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSE JAMES

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

3-02

D. STREET ADDRESS (If rural, give location)

1311 E. Baltimore Street

C. Length of stay in Baltimore

15yrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 1922

9. AGE (In years
last birthday)

29

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tin Mill

10B. KIND OF BUSINESS OR
INDUSTRY

Sparrows Point Md.

11. BIRTHPLACE (State or foreign country)

Poplar Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry James

14. MOTHER'S MAIDEN NAME

Mary Hodge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

224-24-9887

17. INFORMANT

ADDRESS

Mrs. Ruby James 1311 E. Baltimore St.

18. E814.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Chesapeake Ave. & Fourth Street

25/4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 27, 1952 8:50 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Struck some loose
gravel and motorcycle fell over22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

May 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

May 30/52

24C. NAME OF CEMETERY OR CREMATORY

White Gate Cem

24D. LOCATION (City, town, or county)

White Gate Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Herwig Sons

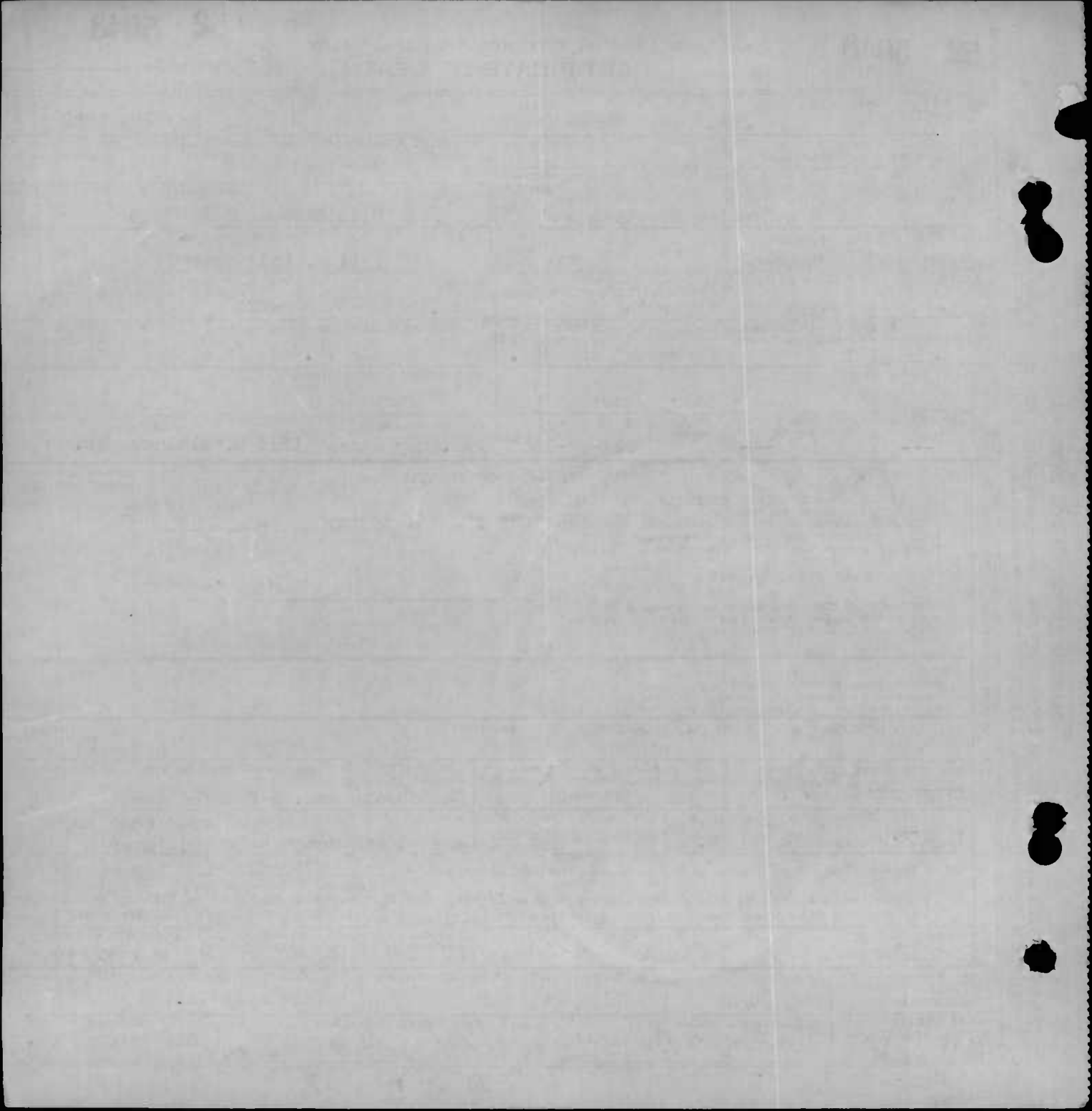
ADDRESS

2024 Orleans St.

VS 151

N 803.2

6903A 15



13-620
52 5049

52 5049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Vincent Brooks, Sr.

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3643 Gelston Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3643 Gelston Drive

c. Length of stay in Baltimore

87 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 2, 1865

9. AGE (In years last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Collector

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Baltimore, Md/

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Brooks

14. MOTHER'S MAIDEN NAME

Susanna Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Helen Brooks Reilly 605 Evesham Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Senile Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 28 1946 to May 28, 1952 that I last saw the deceased alive on May 27, 1952 and that death occurred at 12:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

Walter Spunner M.D.

23B. ADDRESS

M. D.

3603 Edmondson Ave

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/30/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

K. W. Meeks and Son 505 N. Calvert St.

MAY 29 1952

100

100

RECEIVED BY THE
STATE OF TEXAS

100



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5050

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Clara R. Smith

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

504 Sanford Place

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

John Ringgold

14. MOTHER'S MAIDEN NAME

Minerva Ringgold

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lula W. Howard, daughter, 504 Sanford Place

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

hypertensive cardio-renal disease

ANTECEDENT CAUSES

(B) DUE TO

(UREMIA)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

arterio-sclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

hypertrophic arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 28, 1952, that I last saw the deceased alive on 5/26, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

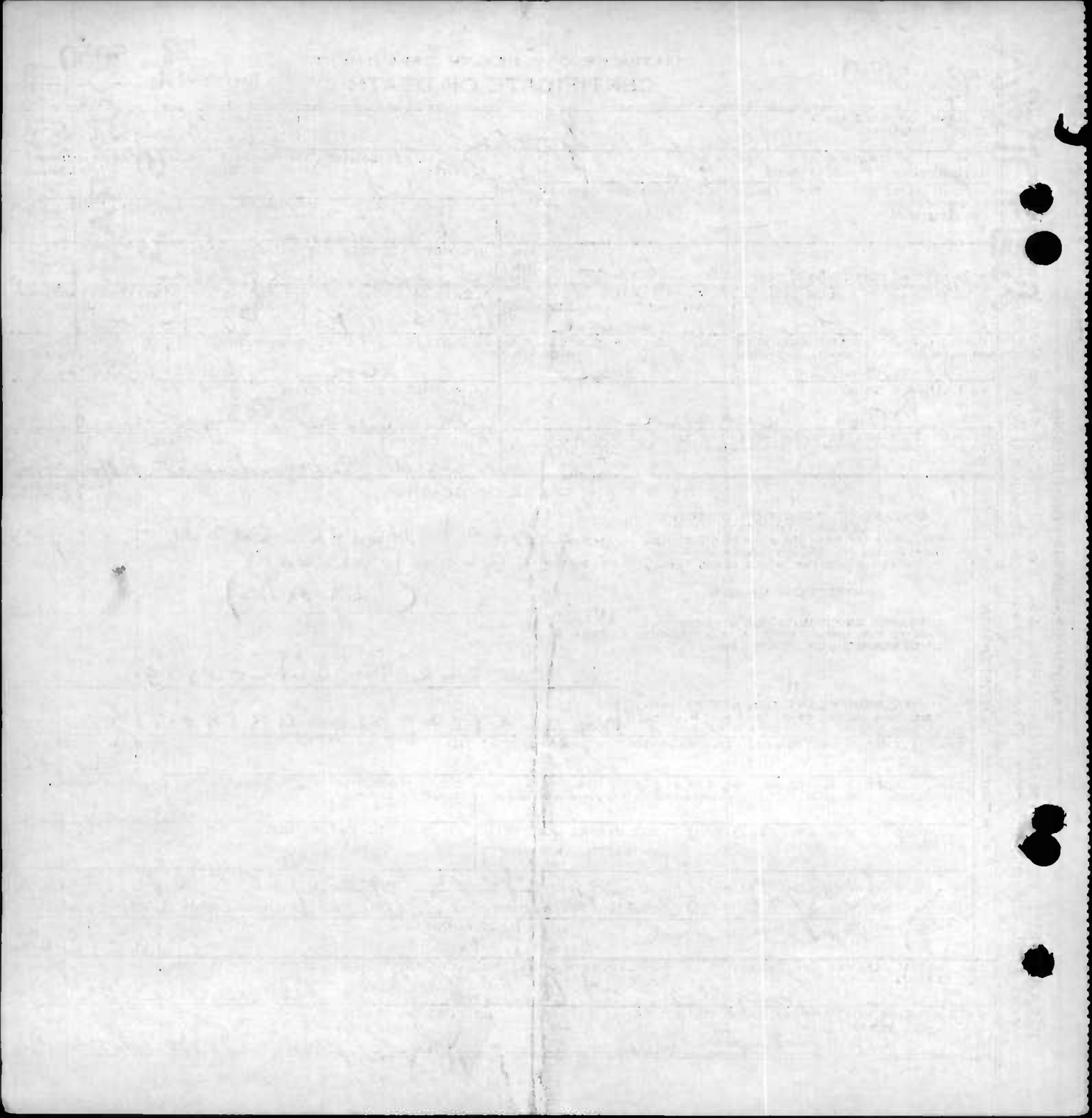
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1952

Huntington Williams, M.D. John M. Johnson 1700 Druid Hill Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5051

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George STRONG

2. DATE
OF
DEATH

28 May 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland, Inc.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Coventon

D. STREET ADDRESS (If rural, give location)

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

12 April 1875

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days:11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Commissioner

10B. KIND OF BUSINESS OR
INDUSTRYOWN BUSINESS
Produce

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wesley Strong

14. MOTHER'S MAIDEN NAME

Margaret C. Slater

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Ida Maguire 2217 E. Lake Ave

18. 420.11

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarction, acute

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST:

(B) Coronary artery sclerosis

DUE TO

Several
years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 27 May, 1952, to 28 May, 1952, that I last saw the deceased alive on 28 May, 1952, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William F. Kerner

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

28 May '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/31/52

24C. NAME OF CEMETERY OR CREMATORY

Ebenezer Meth Cem

24D. LOCATION (City, town, or county)

(State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Massachusetts Funeral Home 7401 Belair Rd

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

100-1000

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. City		14. State		15. Zip	
16. Name of funeral home		17. Address of funeral home		18. City		19. State		20. Zip	
21. Name of cemetery		22. Address of cemetery		23. City		24. State		25. Zip	
26. Name of next of kin		27. Address of next of kin		28. City		29. State		30. Zip	
31. Name of executor		32. Address of executor		33. City		34. State		35. Zip	
36. Name of administrator		37. Address of administrator		38. City		39. State		40. Zip	
39. Name of witness		40. Address of witness		41. City		42. State		43. Zip	
44. Name of witness		45. Address of witness		46. City		47. State		48. Zip	
49. Name of witness		50. Address of witness		51. City		52. State		53. Zip	
54. Name of witness		55. Address of witness		56. City		57. State		58. Zip	
59. Name of witness		60. Address of witness		61. City		62. State		63. Zip	
64. Name of witness		65. Address of witness		66. City		67. State		68. Zip	
69. Name of witness		70. Address of witness		71. City		72. State		73. Zip	
74. Name of witness		75. Address of witness		76. City		77. State		78. Zip	
79. Name of witness		80. Address of witness		81. City		82. State		83. Zip	
84. Name of witness		85. Address of witness		86. City		87. State		88. Zip	
89. Name of witness		90. Address of witness		91. City		92. State		93. Zip	
94. Name of witness		95. Address of witness		96. City		97. State		98. Zip	
99. Name of witness		100. Address of witness		101. City		102. State		103. Zip	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5052

1. NAME OF DECEASED (Type or Print) *Anna Mary Wassehn*

2. DATE OF DEATH *5/28/52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY *6-02*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Church Home and Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore*

7. STREET ADDRESS (If rural, give location) *2414 E. Fayette St.*

8. Length of stay in Baltimore *71*

9. SEX *F*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

12. DATE OF BIRTH *June 17, 1881*

13. AGE (in years last birthday) *71*

14. BIRTHPLACE (State or foreign country) *Maryland*

15. CITIZEN OF WHAT COUNTRY? *U.S.*

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *housewife*

17. KIND OF BUSINESS OR INDUSTRY

18. FATHER'S NAME *Frederick Doenges*

19. MOTHER'S MAIDEN NAME *Elizabeth Urban*

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No*

21. SOCIAL SECURITY NO.

22. INFORMANT *Hospital Records*

23. ADDRESS

18. *443X and 260X* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Edema*

DUE TO *Hypertensive Cardiovascular Disease.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus, Gangrene of Gall Bladder, Poss. Bleeder Nephron Nephrosis

19A. DATE OF OPERATION *5/19/52*

19B. MAJOR FINDINGS OF OPERATION *Gangrene & excision of Gall Bladder*

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/18/52* to *5/28/52*, that I last saw the deceased alive on *5/28/52*, and that death occurred at *6:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *John J. Scherer* M.D.

23B. ADDRESS *Church Home Hosp.*

23C. DATE SIGNED *5/28/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

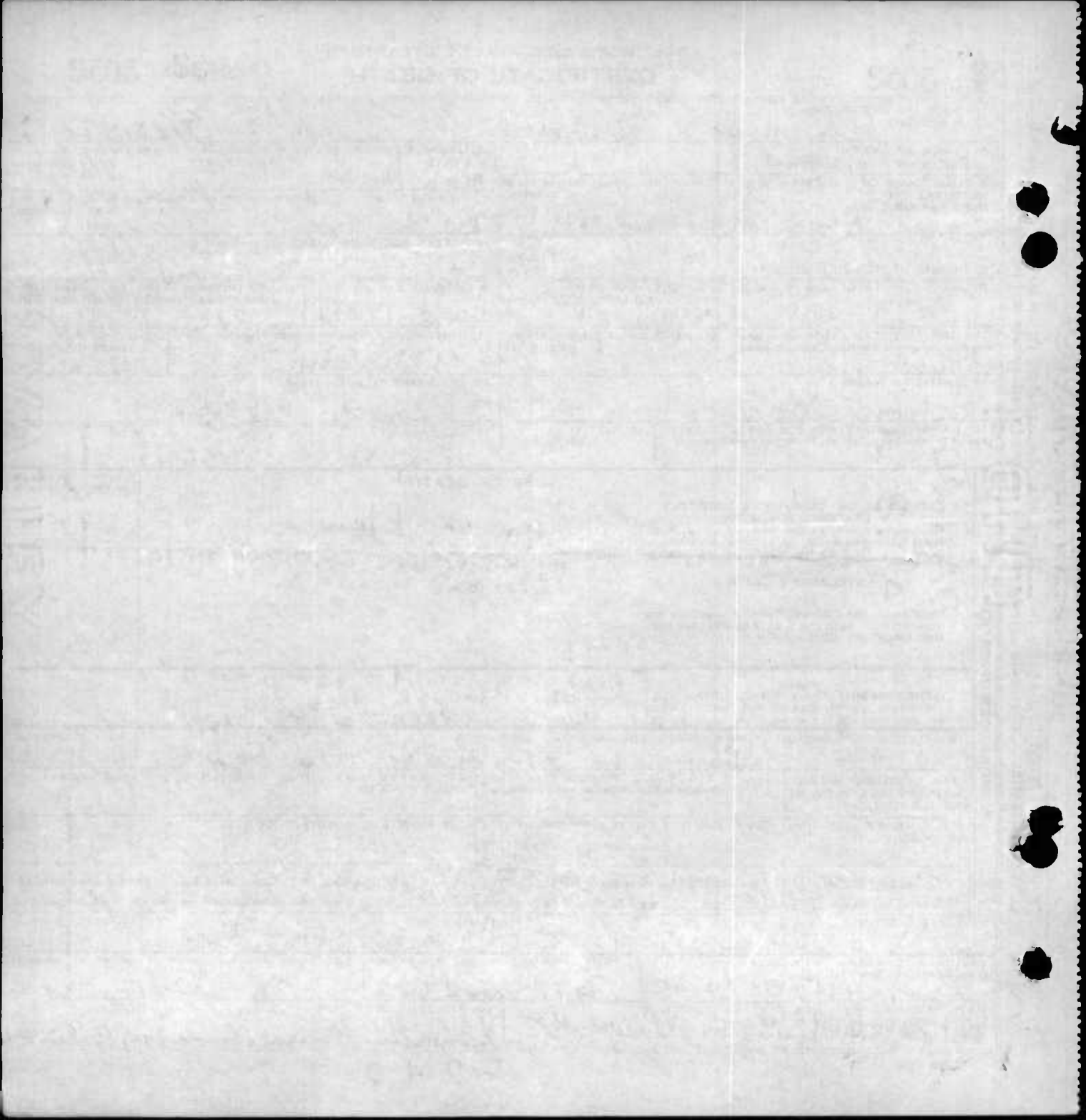
24B. DATE *5/31/52*

24C. NAME OF CEMETERY OR CREMATORY *Parkwood Cem*

24D. LOCATION (City, town, or county) (State) *Baltimore Md*

25. FUNERAL DIRECTOR *Lassahn Funeral Home* ADDRESS *7401 Belair Rd*

DATE RECEIVED BY LOCAL REGISTRAR *MAY 29 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5053

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY C. SETTLE

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

Brooklyn

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

3520 Fourth Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/27/25

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Hammerer

10B. KIND OF BUSINESS OR
INDUSTRY

A.S. Abell

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D.

14. MOTHER'S MAIDEN NAME

Lou O. Vernon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW #2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18.

E 819.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Crushing injury of chest

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Bridge

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Stony Creek Bridge

5200

21D. TIME (Month) (Day) (Year) (Hour)

May 28, 1952 5:00

A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto which struck abutment

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar, M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

May 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/1/52

24C. NAME OF CEMETERY OR CREMATORY

Richlands

24D. LOCATION (City, town, or county)

Richlands, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1952

Huntington Williams, M.D.

James L. McCully - 130 E. Fort Ave.

V S 151

N 804.2

594 43

5 0 5 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5054
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA WIERKOWSKI

2. DATE
OF
DEATH

May 28 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

835 S. Bond Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

835 S. Bond Street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

September 28 1876

9. AGE (in years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

Poland

13. FATHER'S NAME

LUDWIK KRASZEWski

14. MOTHER'S MAIDEN NAME

ANTONINA GOLEMBIEWSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHN WIERKOWSKI 835 S. Bond St

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

5/28/52

1/1/50

Jan. 1949

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1949, to May 28, 1952, that I last saw the
deceased alive on May 28, 1952, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Rosaw

M. D.

23B. ADDRESS

801 1/2 Kenwood St

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

May 31/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Balta. County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

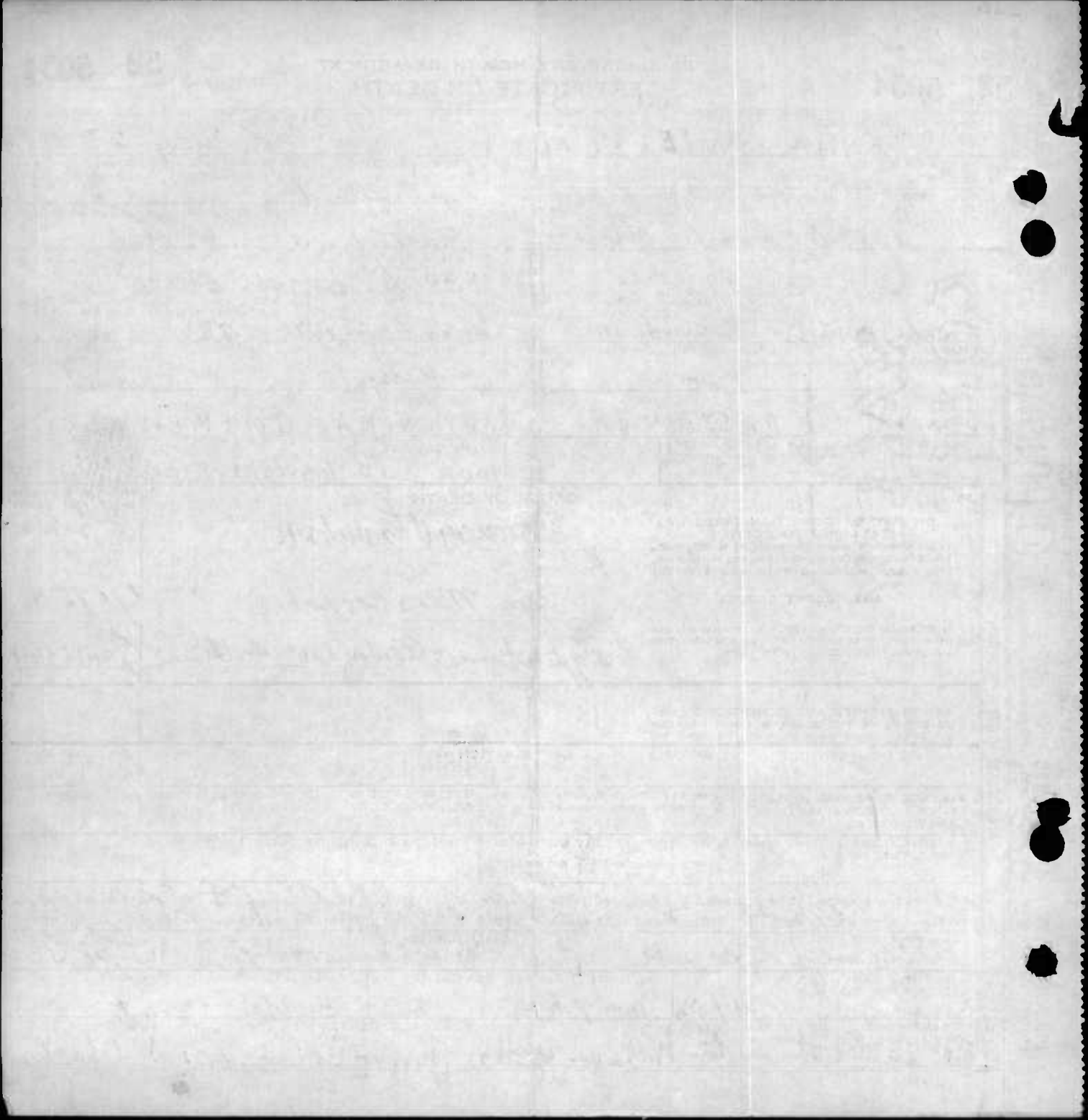
Huntington Williams

25. FUNERAL DIRECTOR

Mary Wilber

ADDRESS

401 S. Chester



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5055

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH

WAGNER

2. DATE
OF
DEATH

May 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2310 Erdman Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2310 Erdman Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 13, 1874

9. AGE (in years

last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Frank P. Loechel

14. MOTHER'S MAIDEN NAME

Anna Marie Traum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George H. Wagner, 2310 Erdman

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Degeneration

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

20 yrs

(C)

Arteriosclerosis

15 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6/52, 19, to 5-27-52, 19, that I last saw the
deceased alive on 5/26/52, 19, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

F. H. Hermann

M. D.

23B. ADDRESS

1710 E. 33rd St

23C. DATE SIGNED

5/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5/30/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

VS 150

19520005052

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1710
E 33 11

Dr. Albert Hermann
2921 N. Federal St.

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5056**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Pudinski, Catherine Madeline**2. DATE
OF
DEATH**May 27, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1639 Cuba St.B. FULL NAME OF
HOSPITAL OR
INSTITUTION**St. Joseph's**Yrs.
Mos.
Days

c. Length of stay in Baltimore

Lifetime

5. SEX

F.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

April 18, 19249. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Hwfa.**10B. KIND OF BUSINESS OR
INDUSTRY**Own home**

BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam Wasper

14. MOTHER'S MAIDEN NAME

M. Lang15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. J. Wasper & Clement

ADDRESS

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH**
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Peripheral vascular collapse**

DUE TO

ANTECEDENT CAUSES

**DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.**

(B) **Decortication & 8-rib Thoracoplasty,
right**

DUE TO

(C)

II
**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION

May 27, 1952

19B. MAJOR FINDINGS OF OPERATION

Calcified oleothorax, right

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 23, 1952**, to **May 27**, 1952, that I last saw the
deceased alive on **May 27**, 1952, and that death occurred at **6:55 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Krupin

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

May 27, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Cremial**

24B. DATE

5/29/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 29 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Charles F. Bell, 1501 E. Fort Ave

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN August Rehling

2. DATE
OF
DEATH

MAY 27 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution: residence before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2101 W. Pratt St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2101 W. Pratt St.

5. SEX

MALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

APRIL 21, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHOPKEEPER

10B. KIND OF BUSINESS OR INDUSTRY

NOVELTY STORE.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY Rehling

14. MOTHER'S MAIDEN NAME

BARBARA RETHMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

EARL Rehling 2101 W. Pratt St.

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac collapse

INTERVAL BETWEEN ONSET AND DEATH

1 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized Arteriosclerosis Cardiovascular Disease

DUE TO

(C)

syn

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1952, to 5/27, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Lawkatis MD

M. D.

23B. ADDRESS

679 Washington Blvd

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAY 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

WESTERN CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. L. Schaub 2101 Frederick Ave.

ADDRESS

THE UNIVERSITY OF CHICAGO

The following is a list of the
 names of the persons who
 have been elected to the
 office of the President of the
 University of Chicago for the
 year 1917. The names are
 given in alphabetical order.
 The names of the persons who
 have been elected to the office
 of the Vice-President of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Secretary of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Treasurer of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Librarian of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Registrar of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Dean of the Faculty
 of the University of Chicago
 for the year 1917 are also
 given.

The following is a list of the
 names of the persons who
 have been elected to the office
 of the President of the
 University of Chicago for the
 year 1917. The names are
 given in alphabetical order.
 The names of the persons who
 have been elected to the office
 of the Vice-President of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Secretary of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Treasurer of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Librarian of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Registrar of the
 University of Chicago for the
 year 1917 are also given.
 The names of the persons who
 have been elected to the office
 of the Dean of the Faculty
 of the University of Chicago
 for the year 1917 are also
 given.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5058

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY H. ETHIER

2. DATE
OF
DEATH

May 29th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1228 Kelway Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 18, 1864

9. AGE (In years last birthday)

87

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (State or foreign country)

Marblehead, Mass

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Hatch

14. MOTHER'S MAIDEN NAME

Martha Hatch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Alice Nelson

ADDRESS

Same

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

1-2 days

Gradual

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1949 to May 29, 1952 that I last saw the deceased alive on May 28, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

5/30/52

24C. NAME OF CEMETERY OR CREMATORY

Waterside Cemetery

24D. LOCATION (City, town, or county)

Marblehead, Mass.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1952

Huntington Williams, M.D.

William J. Dickner & Sons

2nd Fl. Anna. Ave.

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

SUBJECT: [Faint text, possibly "RECEIVED"]

DATE: [Faint text, possibly "JAN 10 1908"]

RE: [Faint text, possibly "RECEIVED"]

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

SUBJECT: [Faint text, possibly "RECEIVED"]

DATE: [Faint text, possibly "JAN 10 1908"]

RE: [Faint text, possibly "RECEIVED"]

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

SUBJECT: [Faint text, possibly "RECEIVED"]

DATE: [Faint text, possibly "JAN 10 1908"]

RE: [Faint text, possibly "RECEIVED"]

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

SUBJECT: [Faint text, possibly "RECEIVED"]

DATE: [Faint text, possibly "JAN 10 1908"]

RE: [Faint text, possibly "RECEIVED"]

TO THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

FROM THE SECRETARY, UNITED STATES DEPARTMENT OF AGRICULTURE, WASHINGTON, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5059

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Edward Thomson</i>			2. DATE OF DEATH <i>5-27-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>4 Midvale Road</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept 20, 1875</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>printer - Pres.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Thomson-Ellis-Hutton Co.</i>		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Thomson</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Helena O'Brien</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>wife</i>			ADDRESS <i>above</i>		

18. *450.0 and 177X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Multiple Pulmonary Infarct

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

(1) arteriosclerosis, generalized. Adenocarcinoma of Prostate

19A. DATE OF OPERATION <i>5-5-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>infiltrating adenocarcinoma of prostate</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 27, 1952* to *May 27, 1952*, that I last saw the deceased alive on *May 27, 1952* and that death occurred at *9 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE
Clarence B. Trimmer

23B. ADDRESS
Union Memorial

23C. DATE SIGNED
5/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>May 30, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John Q. Mitchell & Sons</i>	ADDRESS <i>1900 Easton Place</i>

(Dixon)

18 Eager - Dr. Rutledge

2108 H. Charles - Dr. Todd

(Brown)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5060

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNE RUWART MILLER

2. DATE
OF
DEATH

5/28/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSP

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 12

d. STREET ADDRESS (If rural, give location)

234 TYRONE CIRCLE

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG 28 1887

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MISSOURI

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY RUWART

14. MOTHER'S MAIDEN NAME

ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS MARGARET MILLER SAME

18. 331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH SAMUELS (DAUGHTER)

(A) CEREBRAL VASCULAR
DUE TO ACCIDENT

ANTECEDENT CAUSES

(B) HYPERTENSION
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/27/52, 19__, to 5/28/52, 19__, that I last saw the
deceased alive on 5/28/52, 19__, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Richard R. Beach

M. D.

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

5-28-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

May 30, 1952

New Cathedral

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1952

Huntington Williams, M.D. John A. Mitchell - Sons 1900 Eutaw Pl.

0000

CERTIFICATE OF DEATH

1911

1911

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and legibly correct. This is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5061
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise B. Brown

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

none

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 1400 Eutaw Place

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1400 Eutaw Place

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 18, 1877

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk - sales

10B. KIND OF BUSINESS OR
INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry G. Brown

DEPT. NAME

14. MOTHER'S MAIDEN NAME

Anna Lamb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Anna E. Brown - 1400 Eutaw Place

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic cardio
vascular disease

6 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942, 19, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Todd

M. D.

23B. ADDRESS

2108

St. Paul St.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5 - 31 - 52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

490 605 778 B Mitchell

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
- (b) Street address 115 E. Melrose Ave.
- (c) Hospital or institution: Long Green Nursing Home
- (d) Length of stay in hospital or inst. (yrs., mos., or days) _____
- (e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:

- (a) State Md. (b) County none
- (c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
- (d) Street No. Park Lyn Apts. 4 Upland Rd.
(If rural give location)
- (e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3 (a) FULL NAME

Leslie Hamilton Peard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex
male5. Color or race
white6 (a) Single, married, widowed, or divorced. married6 (b) Name of husband or wife Isabel Ramsay

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 18798. AGE: Years 72 Months _____ Days _____ If less than one day _____ hr. _____ min.9. Birthplace Toronto, Canada
(Town, county, and state)10. Usual Occupation Advertising Agency11. Industry or business retired12. Name James Peard

13. Birthplace _____

14. Maiden Name Elizabeth Ann Nothsworthy

15. Birthplace _____

16 (a) Informant Mr. Leslie H. Peard, Jr.(b) Address 105 Longwood Road17 (a) Burial (b) Date thereof 5 - 31 - 52
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland18 (a) Funeral director John O. Wilson & Sons, Inc.(b) Address 1900 Eutaw Place19 (a) MAY 30 1952 (b) Washington, D.C.
(Date rec'd by registrar) (City and State)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 19 52, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____, and that I last saw him alive on _____ 19 _____.

Immediate cause of death Cerebral thrombosis
left middle cerebral artery
Due to Arteriosclerosis, cerebral
Hypertensive C.V. disease
Due to _____

Duration

6 mos.10 yrs.10 yrs.Other Conditions Diabetes mellitus
mild

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide _____
- (b) Date of occurrence _____ at _____ M
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature H. Z. Kumpf M.D.
Address 1101 N. Calvert St. Date signed 5/28/52

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 5063**

BIRTH NO. 52 5063		1. NAME OF DECEASED (Type or Print) Bertha Barr Lovett		2. DATE OF DEATH May-28-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland 632 St. Johns Rd.		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE Penna b. COUNTY (?)			
b. FULL NAME OF HOSPITAL OR INSTITUTION at home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 125 E. Gorgas Lane		d. STREET ADDRESS (If rural, give location) Germanstown Pa.	
c. Length of stay in Baltimore 18 days		5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 12/2/1877 9. AGE (in years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Companion		10b. KIND OF BUSINESS OR INDUSTRY Companionship		11. BIRTHPLACE (State or foreign country) Penn. Pa.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME John D. Barr		14. MOTHER'S MAIDEN NAME Louisa Snyder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 161-12-1505		17. INFORMANT Wm. F. Morgan / Barr (nephew)	
18. 200.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lympho Sarcoma		(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 15, 1952 to May 28, 1952 , that I last saw the deceased alive on May 28, 1952 , and that death occurred at 3:30 P.m. from the causes and on the date stated above.					
22a. SIGNATURE William F. Helbreich		22b. ADDRESS 3006 Roland Ave.		22c. DATE SIGNED May 28, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE May-30-52		24c. NAME OF CEMETERY OR CREMATORY Green Mount	
24d. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 125 E. Gorgas Lane	

1975-76

Handwritten notes and signatures, including "1975-76" and "1976-77".

Handwritten notes and signatures at the bottom of the page.

CERTIFICATE CORRECTED 9-17-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5064

BIRTH NO. 52 5064

1. NAME OF DECEASED
(Type or Print)

EVELYN S. WILLIAMS

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2832 Riggs Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2832 Riggs Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 22, 1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Registered nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William J. Williams

14. MOTHER'S MAIDEN NAME

Elizabeth Pickett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ray E. Williams-2536 Arunah Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

General Carcinoma

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of ovary
mixed carcinoma of cervix

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 8, 1951

19B. MAJOR FINDINGS OF OPERATION

Mixed carcinoma, cervix, melanoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 20, 1951, to May 29, 1952, that I last saw the deceased alive on 5/28, 1952, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

A. P. Van Schuyver

23B. ADDRESS

4818 Edmondson Ave

23C. DATE SIGNED

5/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/1/52

24C. NAME OF CEMETERY OR CREMATORY

Gwynn Island Baptist Cem. - Gwynn Island, Va.

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. J. T. Ticker & Sons

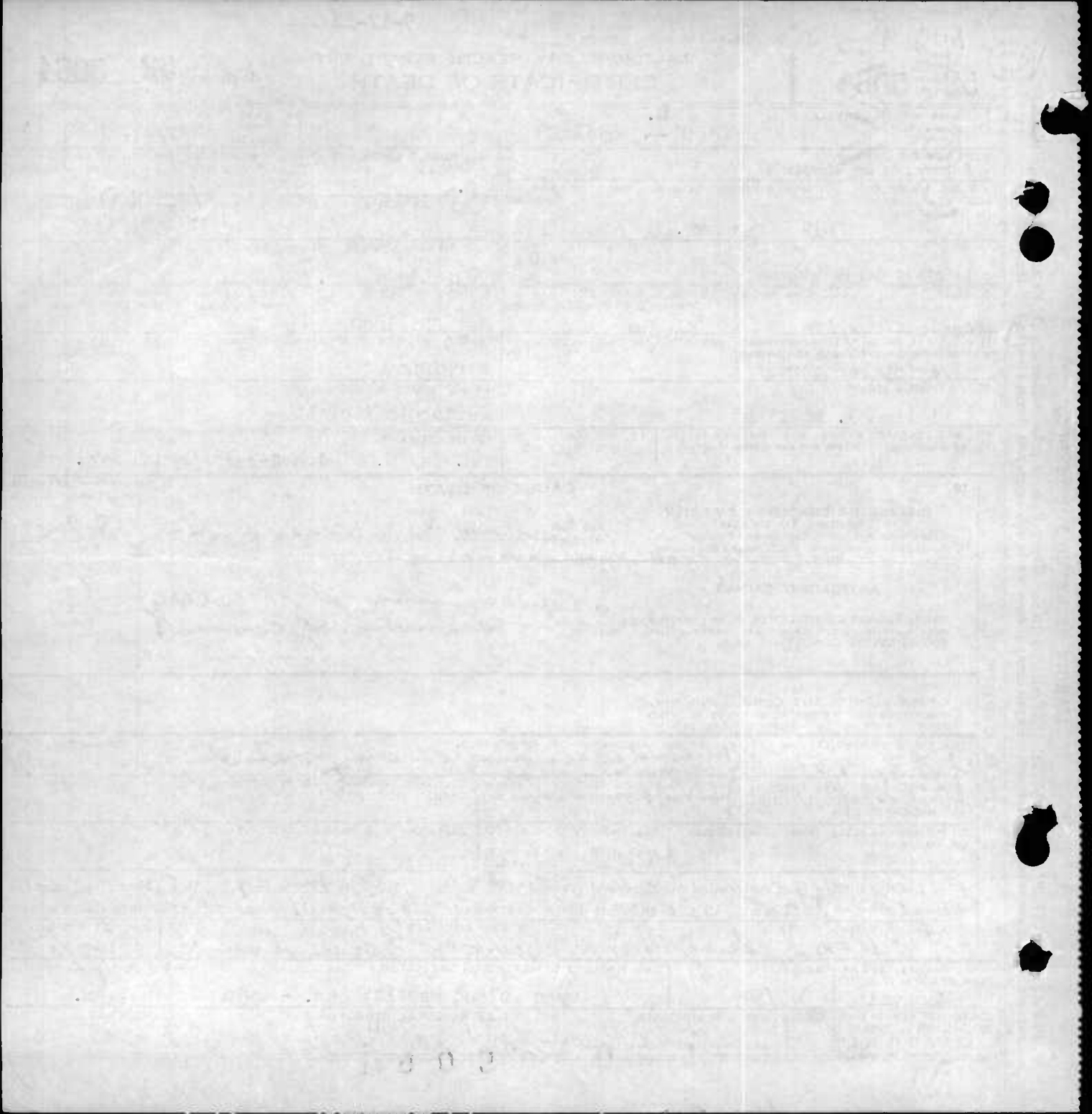
ADDRESS

Balto 17, Md

VS 150

0588T

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5065

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)GEORGE Von Hagel, ~~REDACTED~~2. DATE
OF
DEATH May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #30

D. STREET ADDRESS (If rural, give location)

406 E. Gitting Street

c. Length of stay in Baltimore

LIFETIME

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

APR 26/1880

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days

1 3

11. Under 24 Hours
Hours: Min.

1 3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REPAIRMAN

10B. KIND OF BUSINESS OR
INDUSTRY

T & O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEO VON HAGEL

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS LIZZIE 406 E. GITTING ST

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1952, to May 29, 1952 that I last saw the
deceased alive on May 29, 1952, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

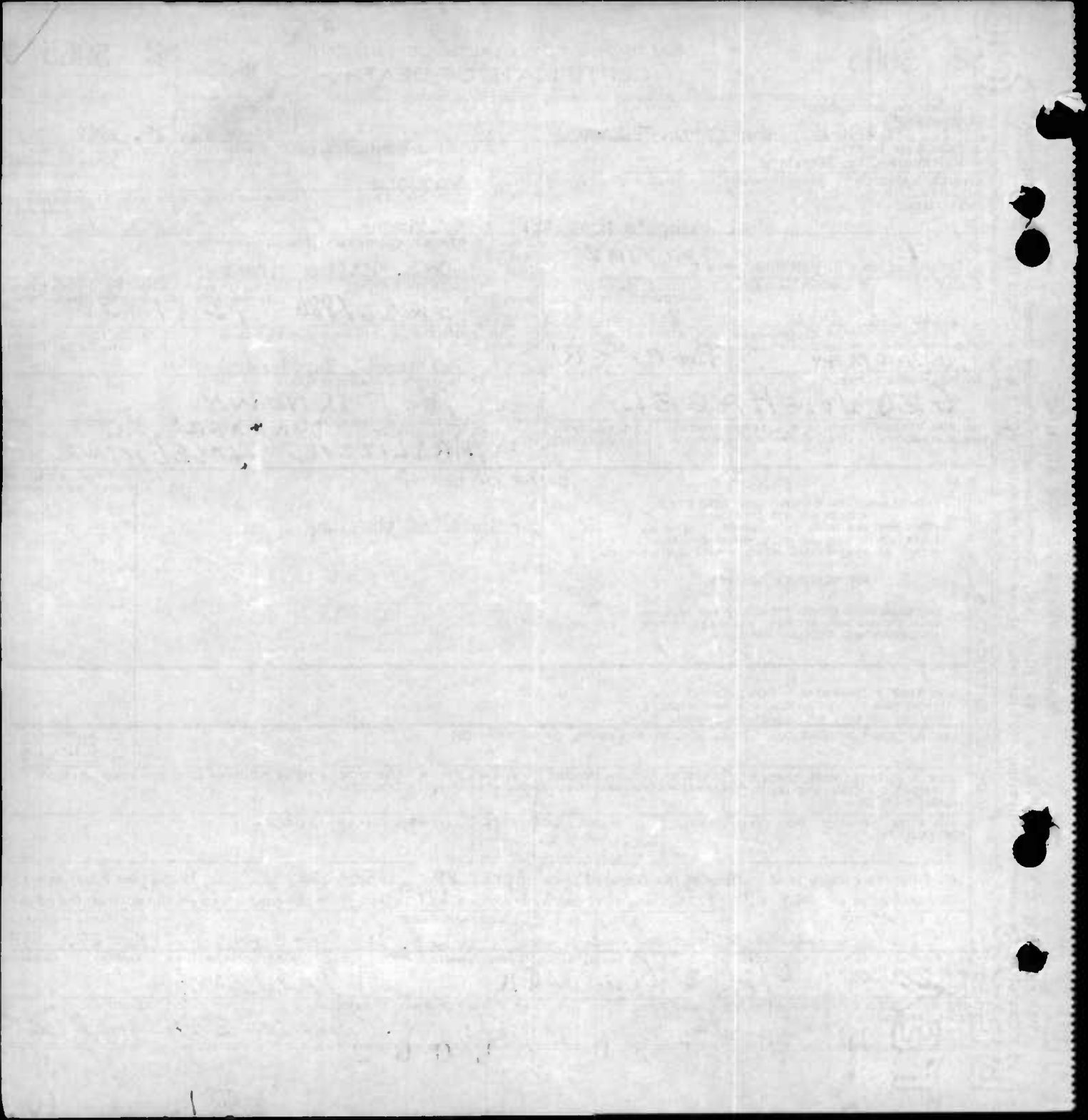
MAY 30 1952

Huntington Williams, M.D. Fred Ave 521 N. LYNDAHORST ST

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5066

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Raymond Geisbert

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

401 Wickham Road

C. CITY OR TOWN (If outside corporate limits, write full name, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 Wickham Road

c. Length of stay in Baltimore

2--Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Sept. 11, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Truck Driver Sinclair Oil Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hamilton Geisbert

BULK (W)

14. MOTHER'S MAIDEN NAME

Martha Geesey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Chester H. Horan 401 Wickham Rd.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 15, 1952, to May 29, 1952; that I last saw the
deceased alive on May 28, 1952, and that death occurred at 8:34 a.m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Feunig

M. D.

23B. ADDRESS

3025 Belmont Road

23C. DATE SIGNED

5-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

5-31-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Frederick,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

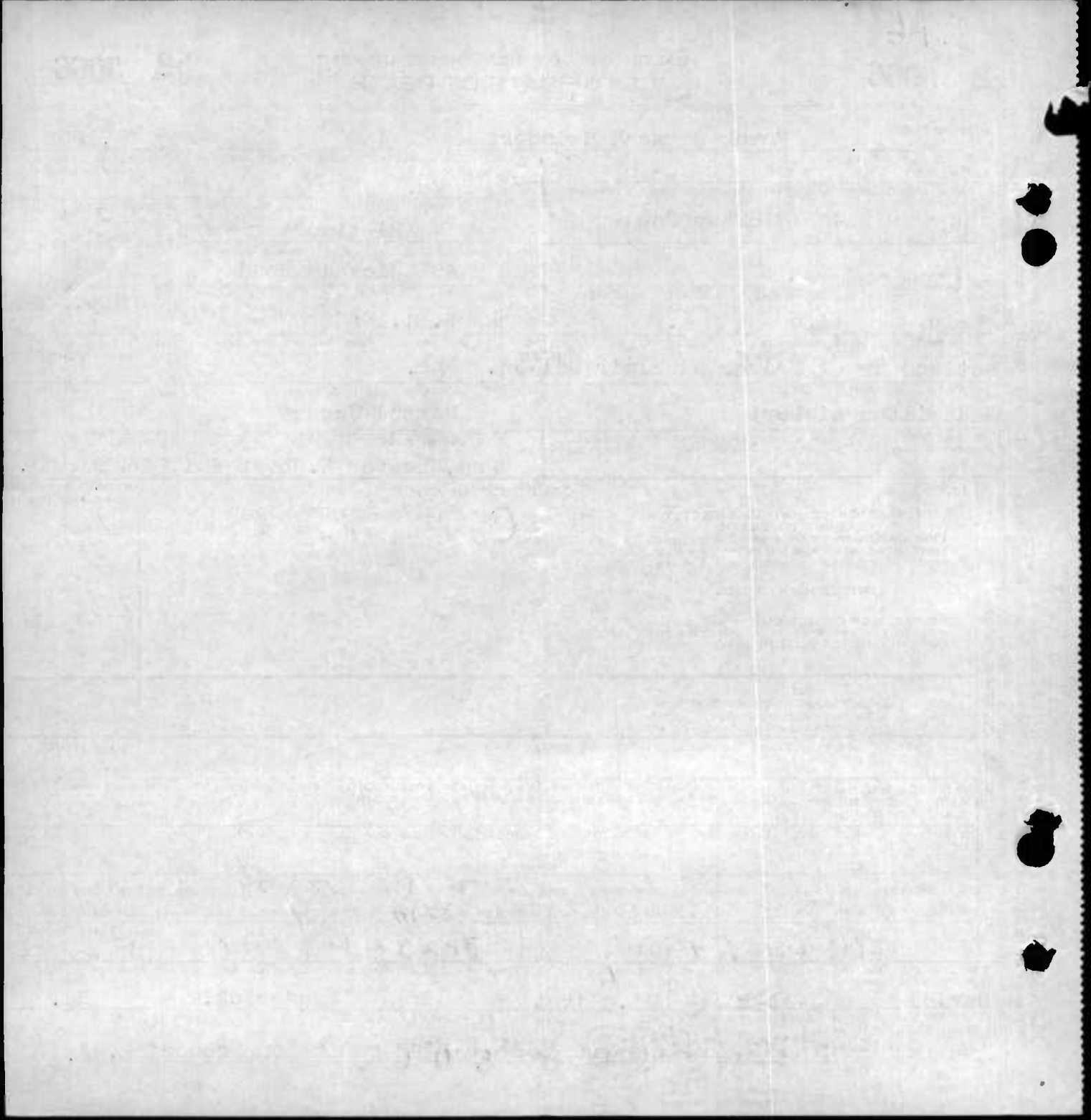
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison & Son Frederick, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5067BIRTH NO. 6541. NAME OF DECEASED
(Type or Print)

Edward Joseph Drimal

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 11 N. Highland Ave.4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

11 N. Highland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 10, 1901

9. AGE (In years;
last birthday)

51

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ass't. Pipe fitter

10B. KIND OF BUSINESS OR
INDUSTRY
Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph F. Drimal

14. MOTHER'S MAIDEN NAME

Anne Hlavin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna Drimal 11 N. Highland Ave.

18. 197X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic Carcinoma
retroperitoneal glands

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

malignant lymphoma
font

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952 to 5/28, 1952, that I last saw the
deceased alive on 5/18, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Goodman

M. D.

23B. ADDRESS

3400 E. Bel W

23C. DATE SIGNED

5/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

May 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Colgate, Md.

DATE RECEIVED BY

LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

Handwritten text, possibly a signature or name, located in the center of the page.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5068**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gustave C. Bauer			2. DATE OF DEATH May 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2715 Eastern Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2715 Eastern Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 2, 1884		9. AGE (In years, last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Icing Foreman		10B. KIND OF BUSINESS OR INDUSTRY National Biscuit Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Don't know			14. MOTHER'S MAIDEN NAME Don't know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 219-12-9986	17. INFORMANT ADDRESS Mrs. Elroy Kunsy 507 S. Linwood Ave.		

MEDICAL CERTIFICATION

<p>18. 151x I CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Stomach DUE TO</p> <p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO</p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Carcinoma of Prostate 1 yr.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 1 Yr.</p>
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19A. DATE OF OPERATION May, 1952		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June , 19 51 to May , 19 52 that I last saw the deceased alive on May 27 , 19 52 and that death occurred at 10.59A from the causes and on the date stated above.				
23A. SIGNATURE Clarence W. LePore M. D.		23B. ADDRESS 3023 Eastern Ave.		23C. DATE SIGNED 5/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 31, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Colgate, Md.
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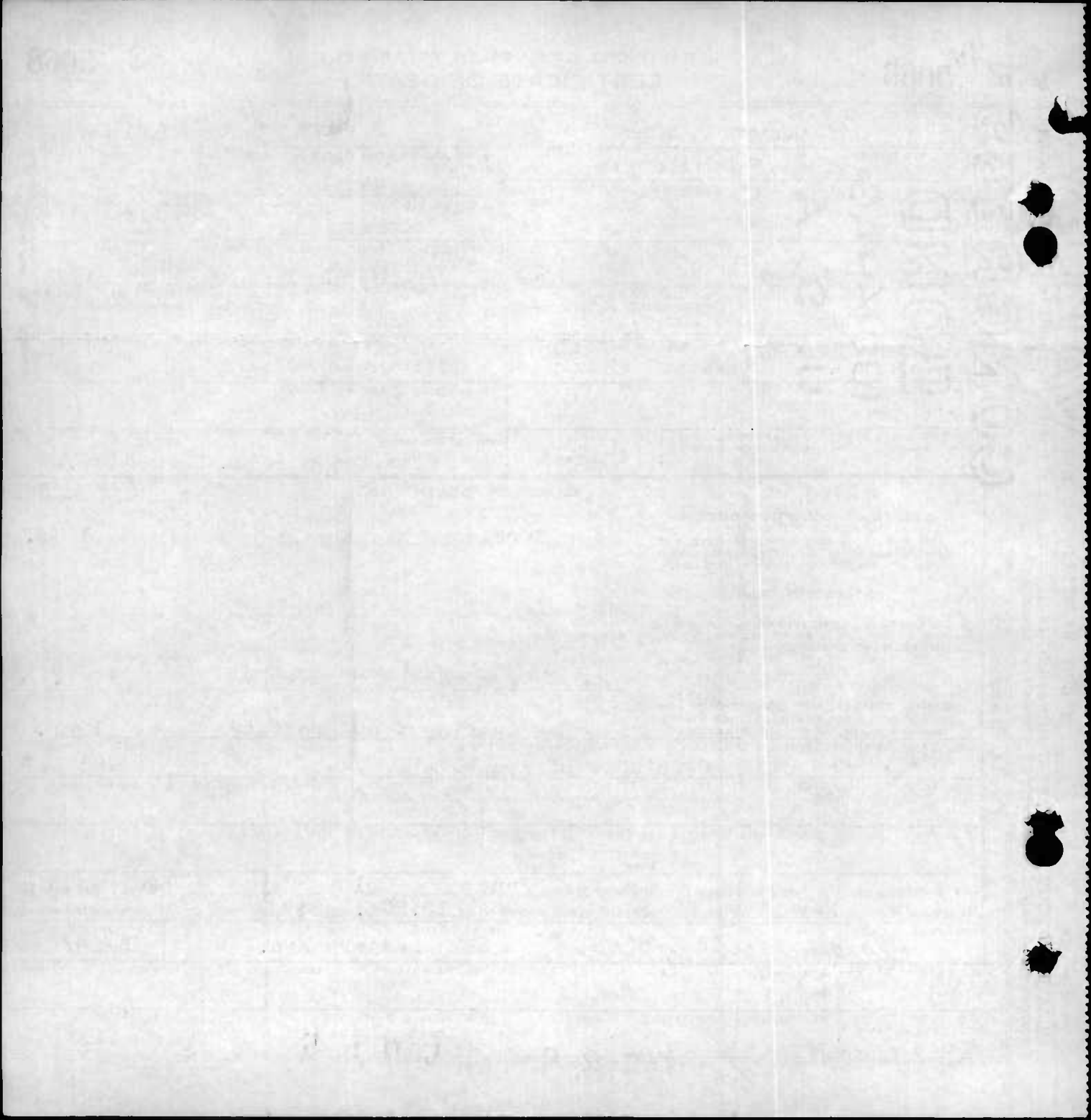
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St.
--	---	--

VS 150

523 44

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5069**

BIRTH NO. **250 52 5069**

1. NAME OF DECEASED (Type or Print) Delores Jackson			2. DATE OF DEATH May 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 6 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1303 N. Gilman St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-11-42	9. AGE (In years last birthday) 10	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) NC		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joel Jackson			14. MOTHER'S MAIDEN NAME Mildred Wilkerson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 753.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Congenital Cerebral Defect + Retardation DUE TO (B) (Physical + Mental) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-28, 1952 to 5-28, 1952 , that I last saw the deceased alive on 5-28, 1952 , and that death occurred at 545 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Ruth M. Phillips		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 30-1952	24C. NAME OF CEMETERY OR CREMATORY Fayetteville	24D. LOCATION (City, town, or county) (State) NC
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR W. Williams	ADDRESS 1515 W. Elder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

10-10-1963

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10-10-1963

10-10-1963

10-10-1963

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-5070**

BIRTH NO. **460**

1. NAME OF DECEASED
(Type or Print) **Valli Taylor**

2. DATE
OF
DEATH **5-29-52**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Maryland**
B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Baltimore City Hospitals**
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **18 yrs.**

D. STREET ADDRESS (If rural, give location)
611 N. Pulaski St City 17

5. SEX
F

6. COLOR OR RACE
N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
March 18, 1918

9. AGE (in years last birthday) **34**
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Crawford Covington

14. MOTHER'S MAIDEN NAME
Katie Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records-Baltimore City Hospitals
4940 Eastern Ave.

18. **446 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Uremia**

7 weeks

DUE TO

ANTECEDENT CAUSES

(B) **Nephrosclerosis**

Years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) **Hypertensive vascular disease**

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-27-** **1952** to **5-29-** **1952** that I last saw the deceased alive on **5-29-** **1952** and that death occurred at **9:30A** m., from the causes and on the date stated above.

23A. SIGNATURE **[Signature]**

23B. ADDRESS **4940 Eastern Ave.**

23C. DATE SIGNED **5-29-52**

24A. CREMA- TION (Specify)

24B. DATE **May 31 1952**

24C. NAME OF CEMETERY OR CREMATORY **Angier Cemetery N. C.**

24D. LOCATION (City, town, or county) (State)

BY REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

Every item of information should be clearly and legibly supplied. The causes of death clearly and legibly.

MEDICAL CERTIFICATION

VALLEY

PLEASE WRITE P
correct age is espec

VS 150

DATE RECEIVED
MAY 30 1952

24A BU
TION REMOV

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5071
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E HARRIS

2. DATE OF DEATH

5/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1407 DRUIDHILL AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1407 DRUIDHILL AVE.

c. Length of stay in Baltimore

27

5. SEX

F

6. COLOR OR RACE

COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED.

8. DATE OF BIRTH

7-9-84.

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

10 19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

REYNOLD CUTLER.

VA.

14. MOTHER'S MAIDEN NAME

ABNESS EVANS. VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1407 ADDRESS

SARAH J HARRIS DRUIDHILL AVE.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio-vascular renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

15 min.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1951, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 11:22 m., from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

M. D.

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

5.30.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

5/31/52

24C. NAME OF CEMETERY OR CREMATORY

MT AUBURN CEM BALTIMORE.

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington William, Jr. William A Jackson

25. FUNERAL DIRECTOR

916 ADDRESS

Penna ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1901

[Faint, mostly illegible handwriting in the upper section of the page, possibly containing a list or account.]

[Faint handwriting, possibly a signature or a short note.]

[Faint handwriting at the bottom of the page, including what appears to be a date "Nov 22" and a name "John B. Carr".]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5072
Registered No. _____

420
52 5072
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Johanna Jabelka</u>			2. DATE OF DEATH <u>May 29-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1440 Winston Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md. 27-09</u>		
C. Length of stay in Baltimore <u>50 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>1440 Winston Ave</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 16-1866</u>		9. AGE (In years last birthday) <u>85</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>J. Lockwood Wolf</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH, <u>1440 Winston Ave.</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) <u>Acute Coronary Occlusion</u>		<u>2 days</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO <u>Generalized Arteriosclerosis</u>		<u>5 yrs.</u>
		(B) <u>Chronic Myocarditis</u>		<u>5 yrs.</u>
		(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April 1</u> , 1952 to <u>May 29</u> , 1952, that I last saw the deceased alive on <u>May 26</u> , 1952, and that death occurred at <u>3:00 A. M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>Lloyd E. Taylor</u>		23B. ADDRESS <u>3902 Greenmount W.</u>		23C. DATE SIGNED <u>May 29, 52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5/31/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge Cem</u>	24D. LOCATION (City, town, or county) <u>Baltimore, Md</u>
DATE RECEIVED BY <u>MAY 30 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Mamie E. Syfer 3600 W. North Ave.</u>

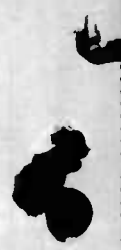
PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1913



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5073

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LOUISE H. KRITWISE2. DATE
OF
DEATHMay 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md. BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONUniversity Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 29

D. STREET ADDRESS (If rural, give location)

408 N. Bond Rd. 5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

Aug. 6, 1911

9. AGE (In years last birthday)

40If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Queen Home

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Maris

14. MOTHER'S MAIDEN NAME

Mary Geller ✓15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard C. Kritwise, 408 North Bond

1B.

410X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Mitral stenosis30 yrs.

DUE TO

ANTECEDENT CAUSES

(B) Rheumatic heart disease30 yrs.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 18, 1952

19B. MAJOR FINDINGS OF OPERATION

Same as above

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr. M.D.

23B. ADDRESS

University Hospital, Balt. 1.

23C. DATE SIGNED

May 29, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

May 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rawdon Pk.

24D. LOCATION (City, town, or county) (State)

Baltimore 29, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harvey H. Kutzke

ADDRESS

4101 Edmondson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5074**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Gertrude M. Bachman**2. DATE
OF
DEATH**May 28/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**23-01**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1115 S. Hanover St

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1115 S. Hanover St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

Aug. 1, 1881

9. AGE (In years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Valentine Zoeller

14. MOTHER'S MAIDEN NAME

Mary Streckfus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Harry F. Bachman, 1115 S. Hanover St18. **157X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/13, 1951** to **5/28, 1952**, that I last saw the deceased alive on **5/28, 1952**, and that death occurred at **7P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 31/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1952**Huntington Williams, M.D.****4101 Edmondson Ave**

1279 km - 81

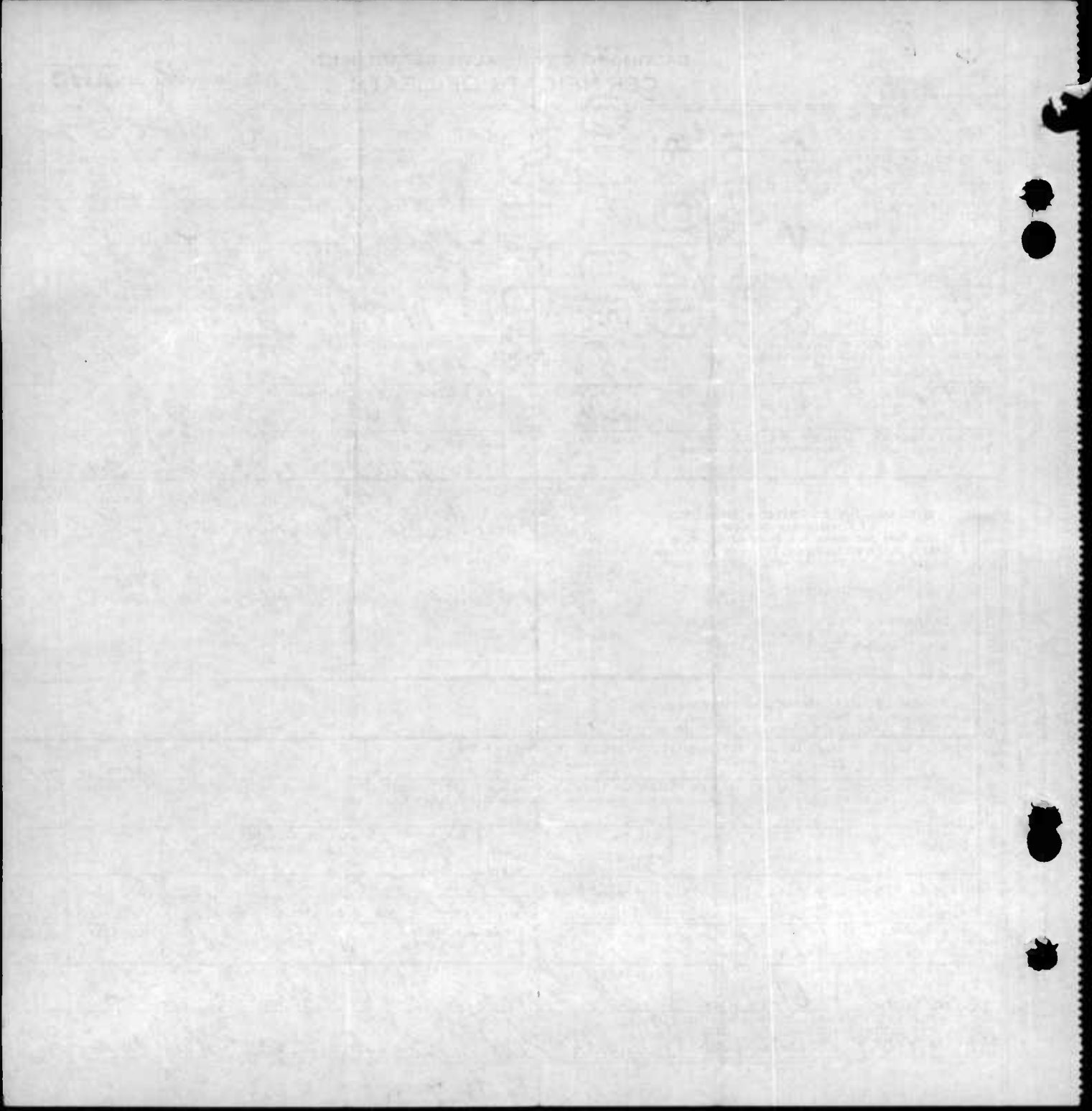
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5075

BIRTH NO. 5075		1. NAME OF DECEASED (Type or Print) <i>Marguerite F. Poorbaugh</i>		2. DATE OF DEATH <i>5/28/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>10</i> Yrs. <i>0</i> Mos. <i>0</i> Days		D. STREET ADDRESS (If rural, give location) <i>8709 Jenifer Rd</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Mar</i>	8. DATE OF BIRTH <i>Mar 14 1892</i>	9. AGE (in years last birthday) <i>28</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Wash D. C.</i>	
12. CITIZENSHIP OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William C. Cornick</i>		14. MOTHER'S MAIDEN NAME <i>Marguerite Ridgely</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mr Earle Poorbaugh</i> ADDRESS <i>same</i>	
18. <i>330X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid Hemorrhage</i> DUE TO <i>Poss. Aneurysm Brain Artery Artery</i> DUE TO <i>?</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/28/52</i> 19 <i>52</i> , to <i>5/28</i> 19 <i>52</i> , that I last saw the deceased alive on <i>5/28</i> 19 <i>52</i> , and that death occurred at <i>4:45</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank P. Ruck</i> M. D.		23B. ADDRESS <i>Mercy Hospital</i>		23C. DATE SIGNED <i>5/28/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Marys Cem</i>		24D. LOCATION (City, town, or county) (State) <i>Laurel Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>F. Ruck</i> ADDRESS <i>5305 Nayford Rd</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5076

G-426
52 5076
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

James Joseph Gallagher

2. DATE
OF
DEATH

May 29-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1709 Covington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 24-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1709 Covington Street

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 15-1882

9. AGE (in years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Broker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James J. Gallagher

SEC.

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Margarette Gallagher, same

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Corymbium

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs.

ANTECEDENT CAUSES

DUE TO

(B)

- Corona 7 Levin

6 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to 5/29, 1952, that I last saw the
deceased alive on 5/28, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Miller MD

M. D.

23B. ADDRESS

1774 Graham St

23C. DATE SIGNED

5/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Marechal Park Bald Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Luck 5305 Hayford Rd

ADDRESS

Dr. Whittle
1279 Jhm St.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5077

BIRTH NO. 48-01324

1. NAME OF DECEASED
(Type or Print)

DONALD E FRITTS Jr.

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3619 Everett Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

male

white

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Donald E. Fritts Sr.

14. MOTHER'S MAIDEN NAME

Florence Bryant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Bryant Same

18. E 902.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

pavement

2407 E. Biddle Street

8-3

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? Playing on fence

May 28, 1952 11:00 A. m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

and fell over, striking head on pavement

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED May 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

5-31-52

Baltimore

E North Ave. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1952

Huntington Williams, M.D.

Medford J. Blight

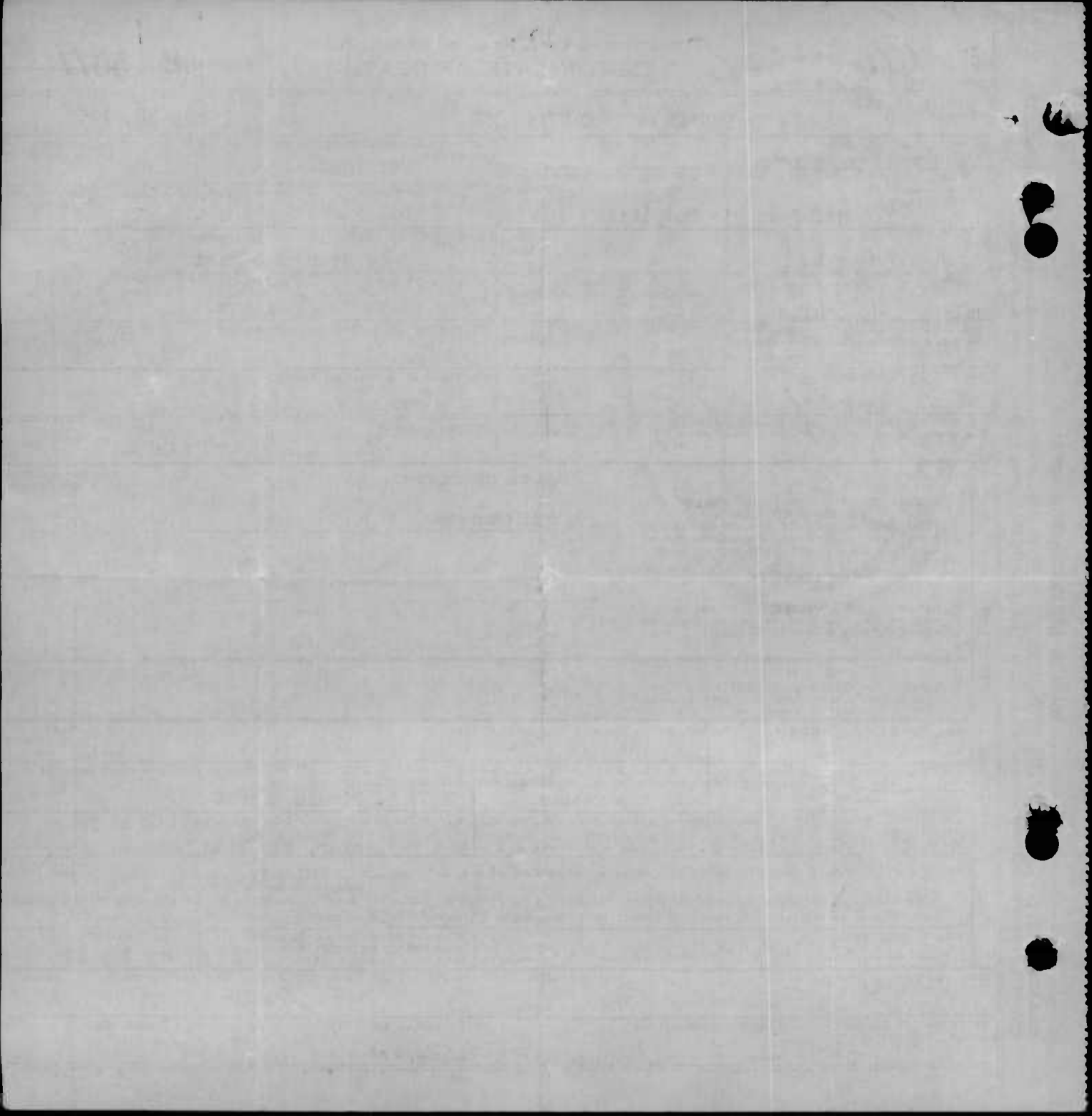
V S 151

N 803.2

6009 Hartford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5078

BIRTH NO. 5078

1. NAME OF DECEASED (Type or Print) GEORGIA MARLIN		2. DATE OF DEATH May 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-01	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 877 W. Fairmount Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 877 W. Fairmount Avenue			
c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 2, 1882
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Chester, S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Andrew Taylor	
14. MOTHER'S MAIDEN NAME Cindia Lee		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Thelma Kiser, 877 W. Fairmount Ave.	

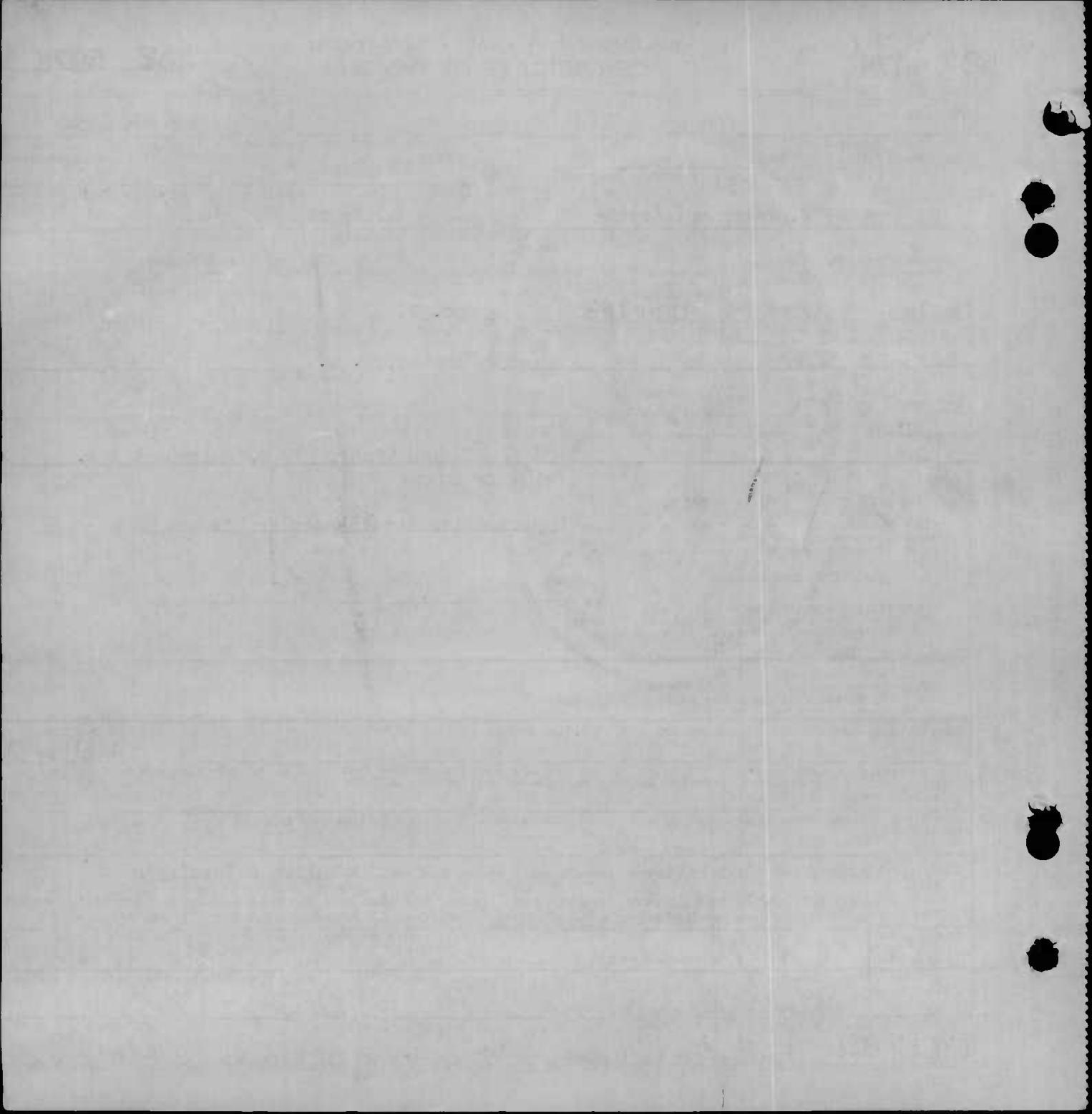
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
(A) CAUSE OF DEATH		
(B) ANTECEDENT CAUSES		
(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley K. Doulader</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED May 27, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE May 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Barber N. C.	
24D. LOCATION (City, town or county) (State) Baltimore		25. FUNERAL DIRECTOR Huntington Williams, M. J. K. K. Williams		ADDRESS 322 N. Lehigh Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5079
Registered No. 5079

BIRTH NO. 52 5079

1. NAME OF DECEASED
(Type or Print) ETHEL SPRIGGS

2. DATE
OF
DEATH May 29 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md. B. COUNTY Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE University Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Annapolis

c. Length of stay in Baltimore 3 wks
Yrs. 0 Mos. 0 Days 0

D. STREET ADDRESS (If rural, give location)
20 College Ave 5210

5. SEX M F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH 1891

9. AGE (In years last birthday) 60

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (State or foreign country)
Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
George

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Edith White 15 College Ave. Annapolis

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of rectum
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
May 14, 1952

19B. MAJOR FINDINGS OF OPERATION
Carcinoma of rectum

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1952 to May 29, 1952, that I last saw the deceased alive on May 27, 1952 and that death occurred at 7:39 a.m., from the causes and on the date stated above.

23A. SIGNATURE
Robert A. Moore, Jr.

23B. ADDRESS
University Hospital

23C. DATE SIGNED
May 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
6/2/1952

24C. NAME OF CEMETERY OR CREMATORY
Asbury Cemetery

24D. LOCATION (City, town, or county) (State)
Annapolis A.D. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 30 1952

Huntington Williams, M.D.

Mrs. Charles E. Hicks 45 Northwood St. Annapolis, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

100

RECEIVED

OFFICE OF THE

100

100

RECEIVED

OFFICE OF THE

100

100

CERTIFICATE OF DEATH

1911

WALTER
G. BROWN

Age 35

Married

Occupation

Residence

Cause of Death

Place of Death

Time of Death

Signature

Witness

Registrar

Official Seal

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-252
REA-159059
52 5081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5081

1. NAME OF DECEASED (Type or Print) Mary Washington		2. DATE OF DEATH May 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 4 mos.		D. STREET ADDRESS (If rural, give location) 1006 E. Preston Street-5	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 1, 1882
9. AGE (In years last birthday) 69		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Willis Fitzgerald		14. MOTHER'S MAIDEN NAME India Branch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral thrombosis DUE TO ANTECEDENT CAUSES Hypertensive cardiovascular disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 yrs. Unknown	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-11 , 19 52 to 5-28 , 19 52 , that I last saw the deceased alive on 5-28 , 19 52 , and that death occurred at 10:40P. m., from the causes and on the date stated above.			
23A. SIGNATURE R. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 5-29-52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5-30-52	
24C. NAME OF CEMETERY OR CREMATORY Corew's		24D. LOCATION (City, town, or county) (State) Virginia Va	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Payner Sanders		ADDRESS	
VS 150 1952000507 8217 E. Preston St			

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 5082**
340
52 5082
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) AUSTIN-STEWART-STALEY			2. DATE OF DEATH 5/30/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Penna. B. COUNTY Adams		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3717 Manchester Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Littlestown V-35		
C. Length of stay in Baltimore 6 months			D. STREET ADDRESS (If rural, give location) East King Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/6/1870	9. AGE (In years last birthday) 82	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mail carrier			10B. KIND OF BUSINESS OR INDUSTRY U.S. Government		
11. BIRTHPLACE (State or foreign country) Adams County, PA.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Oliver Staley			14. MOTHER'S MAIDEN NAME Analiza Wolf		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.			16. SOCIAL SECURITY NO. None		
17. INFORMANT Ralph L. Staley			ADDRESS Littlestown, PA.		
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH May 16, 1952		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Atherosclerosis			DUE TO 3 yrs		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1, 1952 to May 30, 1952 that I last saw the deceased alive on May 20, 1952 and that death occurred at 4:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William E. Lorman		23B. ADDRESS 4843 Park Heights Ave		23C. DATE SIGNED 5-30-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	
24D. LOCATION (City, town, or county) (State) Littlestown, Adams Co. PA.		25. FUNERAL DIRECTOR John W. Little		ADDRESS Littlestown, PA.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		Per Richard A. Little	

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY 1043

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered **52 5083**B **52** NO. **5083**

1. NAME OF DECEASED (Type or Print) Glenn Elliott			2. DATE OF DEATH May 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Harford		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harmon De Grace		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Route #1		
6. SEX Male	7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. DATE OF BIRTH 6-18-34		10. AGE (In years last birthday) 17
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Elliott			14. MOTHER'S MAIDEN NAME Maggie Farmer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 580X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hepatic necrosis	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 4 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-8 , 19 52 , to 5-30 , 19 52 , that I last saw the deceased alive on 5-30 , 19 52 , and that death occurred at 2:15 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Frederick W. Dool		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5-30-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 2-52	24C. NAME OF CEMETERY OR CREMATORY Farmers Cem.	24D. LOCATION (City, town, or county) (State) ash co., h. c.
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MD Perryman + Son	

1902 32

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

1902 32

[Faint, illegible text and markings covering the majority of the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5084**

52 5084

1. NAME OF DECEASED (Type or Print) CARL W. GRUVER (MR)			2. DATE OF DEATH 5-29-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE PENNA. B. COUNTY V-35		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MECHANICSBURG		
c. Length of stay in Baltimore 16 Days			D. STREET ADDRESS (If rural, give location) 117 W. PORTLAND ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Oct. 9, 1951	9. AGE (In years last birthday) 50	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIRMAN		10B. KIND OF BUSINESS OR INDUSTRY Forge Co	11. BIRTHPLACE (State or foreign country) PENNA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PETER GRUVER (M)			14. MOTHER'S MAIDEN NAME SARAH E. SMITH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNK No		16. SOCIAL SECURITY NO. 195-09-7045	17. INFORMANT Mrs. Ethel R. Gruver		ADDRESS Same

18. **241X**

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 hour**many years****several years**

19A. DATE OF OPERATION

5-29-52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-13**, 19**52** to **5-29**, 19**52**, that I last saw the deceased alive on **5-29**, 19**52**, and that death occurred at **9:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Memorial Shrine

24D. LOCATION (City, town, or county)

Centermoreland Penna

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1952**Huntington Williams, Jr.****William J. Dickner + Sons**

1934

10

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1934

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PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620
52 5085
BIRTH NO. 48-06091

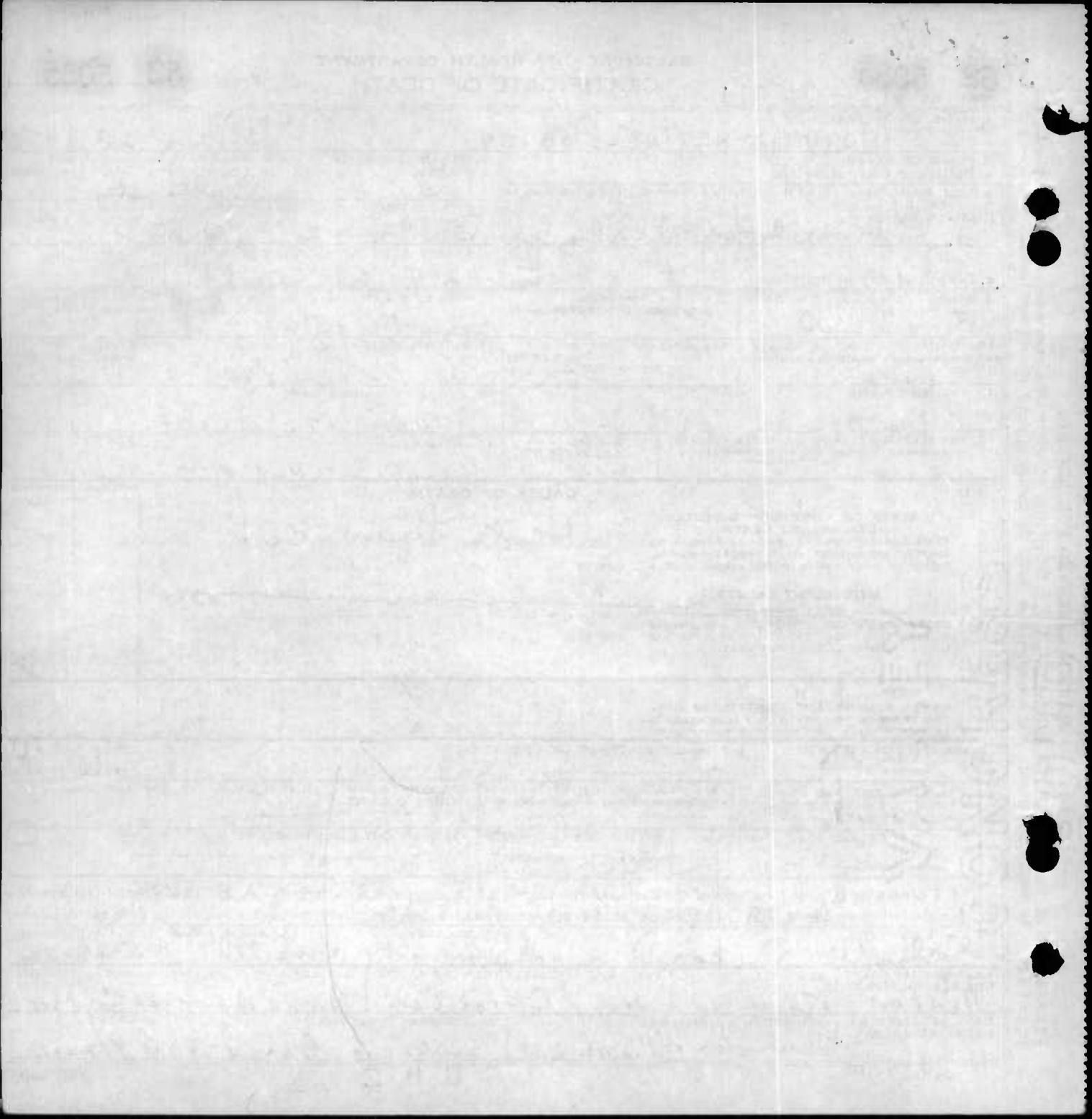
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 5085

1. NAME OF DECEASED (Type or Print) MARY KATHERINE DORSEY		2. DATE OF DEATH May 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital, Balto., Ind.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04	
c. Length of stay in Baltimore 4		D. STREET ADDRESS (If rural, give location) 4204 6th street 25-04	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED , DIVORCED (Specify) WIDOWED	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
13. FATHER'S NAME William L. Dorsey		14. MOTHER'S MAIDEN NAME MARY McATEER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT William L. Dorsey		ADDRESS 4204 6th St.	

18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Symptomatic Leukemia 140.		CAUSE OF DEATH Acute Symptomatic Leukemia 140.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 13, 1952 to May 28, 1952 that I last saw the deceased alive on May 28, 1952 and that death occurred at 5:45 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE John W. Bassard		23B. ADDRESS University Hospital		23C. DATE SIGNED 5-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.		25. FUNERAL DIRECTOR George J. Gonce		ADDRESS 4001 Ritchie Hwy.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5086****M-560**
52 5086
BIRTH NO.1. NAME OF DECEASED
(Type or Print)**Charles W. Minor**2. DATE
OF
DEATH**May 30, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Aug. 19, 1904

9. AGE (In years last birthday)

48

If Under 1 Year

Months; Days

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farm hand

10B. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Robert Minor

14. MOTHER'S MAIDEN NAME

Hattie Lloyd Loy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Hattie Minor

ADDRESS

Same18. **608X and 002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **urethral stricture and multiple urinary fistulae**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Renal failure & hematuria**

DUE TO

(C) **Uremia**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Fibrosclerotic TBC of rt. apex**

19A. DATE OF OPERATION

5-26-52

19B. MAJOR FINDINGS OF OPERATION

urethral stricture

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 24, 1952 to May 30, 1952**, that I last saw the deceased alive on **May 30, 1952**, and that death occurred at **11:35 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

H. K. Skipton

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

5-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-3-52

24C. NAME OF CEMETERY OR CREMATORY

Lessons Methodist Church, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. Scott Brooks, Sparks, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

TABLE OF DEATHS

1

2

G-620
52 5087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5087**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAURA MARY GERICK			2. DATE OF DEATH May 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3609 Roberts Place			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ad			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore 60 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3609 Roberts Place		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 15-1874	9. AGE (In years last birthday) 77	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Michael E. Gerick, son, above		

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage**
DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic cardiovascular disease**
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 1, 1949** to **May 27, 1952** that I last saw the deceased alive on **May 27, 1952** and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John J. Gould

14 N East Ave

5-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

May 31, 1952

Holy Redeemer Cemetery

4430 Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.

3601 E. Madison St.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NO. 12, 1932

DEATH CERTIFICATE

Place of Birth

Age

Sex

Occupation

Color

Married

Single

Widow

Death

Time

Place

Signature

Signature

Witness

Physician

Signature

Physician

Physician

Physician

Physician

Physician

Physician

Physician

Physician

M-460
52 5088
The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5088
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Edgar Grafton Miller			2. DATE OF DEATH May 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTRUCTION 525 W. 27th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 525 W. 27th Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1875	9. AGE (In years last birthday) 77	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Hezekiah Best Miller			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mrs. Mary H. Moore			ADDRESS 1630 Lochwood Road		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congestive heart failure DUE TO (B) ch. Valvular heart Dis DUE TO (C) arteriosclerosis			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 2 mo. yr "		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/20/52 , to 5/30/52 , 1952, that I last saw the deceased alive on 5/30 , 1952, and that death occurred at 7:30 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS 20204 Charles		23C. DATE SIGNED 5/31/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Weisburg		24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road Rose F. Burgee	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

344110 **52 5089**
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES HOWARD SCOTT

2. DATE OF DEATH **May 28, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
405 E. 24th Street

C. Length of stay in Baltimore **56 yrs.**

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 29, 1884

9. AGE (In years last birthday)

67

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

News Dealer

10B. KIND OF BUSINESS OR INDUSTRY

Daily papers

11. BIRTHPLACE (State or foreign country)

Meriden Ct. Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Mary Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT **Miss Bertha Scott**
405 E. 24th St.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive and arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunbar, M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial May 31, 1952

Arbutus Mem. Pk. Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1952

Huntington, Williams, M.D.

Stallard Funeral Home

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1937

1937

1937

1937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

420
52 5090
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5090

1. NAME OF DECEASED (Type or Print) <i>Mattie C. Callio</i>		2. DATE OF DEATH <i>May 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>2324 Madison Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>68 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2324 Madison Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 12, 1884</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Teacher</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Public School</i>	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Augustus B. Callio</i>		14. MOTHER'S MAIDEN NAME <i>Ella Lively</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>James G. B. Callio</i> <i>22113 Druid Hill Ave.</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT (Address)	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO <i>C Pulmonary Edema</i> ANTECEDENT CAUSES <i>Arterio Sclerotic Heart Disease 8 yrs.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Pulmonary Edema</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs.</i> <i>8 yrs.</i> <i>2 hrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov - 1939</i> , to <i>5.28</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5.29</i> , 19 <i>52</i> , and that death occurred at <i>1:15</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>H. P. Hughes</i>		23B. ADDRESS <i>820 N. Fremont Ave.</i>	
23C. DATE SIGNED <i>5.29.52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>May 31, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 31 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, MD.</i>	
25. FUNERAL DIRECTOR <i>Halland Funeral Home</i>		ADDRESS <i>1651 Druid Hill Ave.</i>	

09385007

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5091**

52 5091

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hamilton Hayes		2. DATE OF DEATH May 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 641 Pitcher St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 641 Pitcher St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
13. FATHER'S NAME Hamilton Hayes		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Annie ?	
17. INFORMANT		ADDRESS Mrs Gertrude Hayes 641 Pitcher St.	

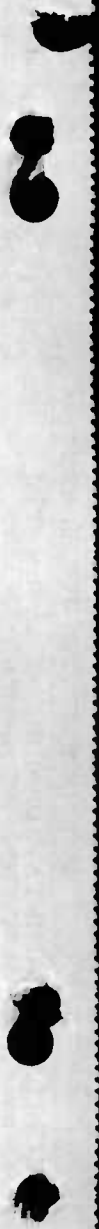
18. 430.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Subacute Endocarditis (A) DUE TO Subacute Infection		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic Prostatitis - Retention Urine		
19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 26, 1952 , to May 27, 1952 , that I last saw the deceased alive on May 27, 1952 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.		
22A. SIGNATURE C. M. Lawrence	23B. ADDRESS M. D. 1033 W. Lanvale St.	23C. DATE SIGNED May 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-31-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) Baltimore, Md.	25. FUNERAL DIRECTOR Wm. H. Lawrence & Co.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS 578 W. Middle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1957 52

1957 52



PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5092

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52** **5092**

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Robert Gray		5/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. STATE	
2101 W. Cold Spring		Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN	
Bar-Wil-Bar. convalescent Home		Balto	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
30 yrs		518 N. Carey St	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored	Widowed	1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Retired		Stevenson	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Andrew Gray		Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT	
no		Beatrice Stevens	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
		(A) Pulmonary Phthisis	
ANTECEDENT CAUSES		(B) Capillary Bronchitis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
		Several weeks or more	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/17/52, to 5/17/52, that I last saw the deceased alive on 5/17/52, and that death occurred at 11:45 A.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
M.D. Dr. R. K. Radloff		518 N. Carey St	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		June 1-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt Auburn		Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
MAY 31 1952		Huntington Williams, Jr. James O. Hayes	
VS 150		ADDRESS: 638 N. 9th St	

TO THE HONORABLE
COMMISSIONER OF THE
DEPARTMENT OF
HEALTH
SARASOTA, FLORIDA

RE: *[illegible handwritten text]*
DATE: *[illegible handwritten text]*
BY: *[illegible handwritten text]*

[illegible handwritten text]
[illegible handwritten text]
[illegible handwritten text]

F2560
52 5093BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5093

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE M. Fisher

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

FRANKLIN Square Hospital

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

MD.

B. COUNTY

Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1521 E. Preston St.

5. SEX

Fe

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 17, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cornelius Diggins

14. MOTHER'S MAIDEN NAME

Honora Cushing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

William H. Fisher-2506

ADDRESS

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes mellitus

DUE TO

(C)

Diabetic gangrene top foot

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27/52, 1952, to 5/29, 1952, that I last saw the
deceased alive on 5/29, 1952 and that death occurred at 2:28 m., from the causes and on the date stated above.

23A. SIGNATURE

R. G. Chamber

23B. ADDRESS

Franklin Square Hosp

23C. DATE SIGNED

5/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-1952

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd - Balto: Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Path, Inc

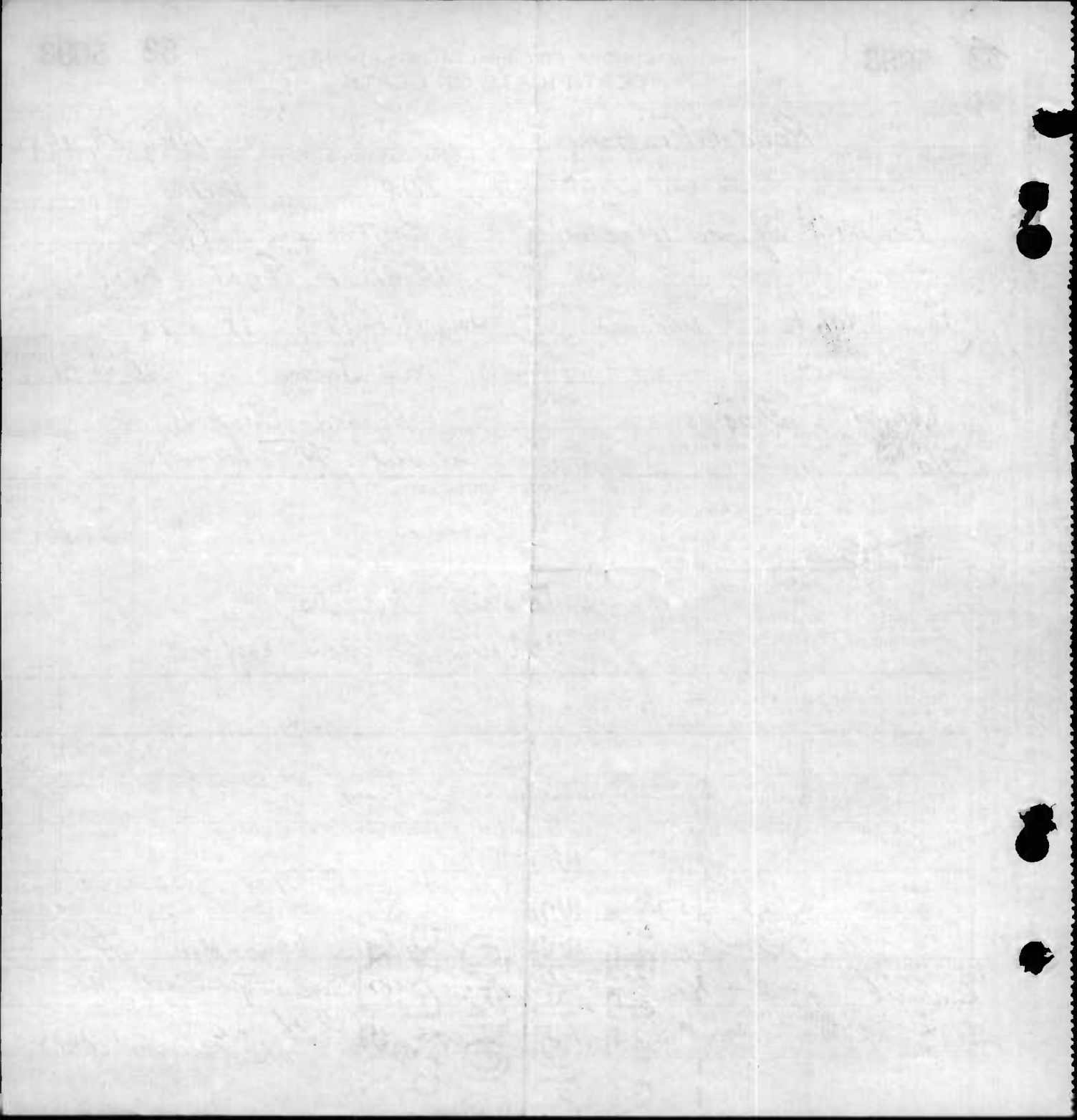
ADDRESS

1735 Hanford Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5094**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Collins, Mary Alice (Mary Alice Collins)

2. DATE
OF
DEATH May 29, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Maryland

Baltimore

D. STREET ADDRESS (If rural, give location)

3523 Brehms Lane

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 17, 1886

9. AGE (in years
last birthday)

65

10 Under 1 Year
Months Days

10 12

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Collins

14. MOTHER'S MAIDEN NAME

Sarah Philbin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

215-03-8041

17. INFORMANT

Max Theresa C Collins - 3523 Brehms

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardiovascular disease
and decompensation

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1952, to May 29, 1952, that I last saw the
deceased alive on May 29, 1952, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

May 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 3 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Edmondson Ave. Balt. Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth Inc - 1735

Hawford Ave.

1938 32

RECEIVED BY THE POST OFFICE

1938 32



CERTIFICATE CORRECTED 6-26-52

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. **52 5095**

52 5095

BIRTH NO. **52-06504**

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Gary Isaac			2. DATE OF DEATH 5-28-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04		
c. Length of stay in Baltimore 2 months Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2036 Ruxton Avenue		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 29, 1952		9. AGE (In years last birthday) 2 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Isaac			14. MOTHER'S MAIDEN NAME Thelma Nicholson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. Records, 4940 Eastern Avenue		

18. 754:4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Congesital Heart Disease, Cyanotic type DUE TO		INTERVAL BETWEEN ONSET AND DEATH life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-27-52 , 1952, to 5-28 , 1952, that I last saw the deceased alive on 5-28 , 19 52, and that death occurred at 3:10 a m., from the causes and on the date stated above.				
23A. SIGNATURE <i>H. J. Boyer</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 5-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE May 31 1952	24C. NAME OF CEMETERY OR CREMATORY W.T. Zion Cem	24D. LOCATION (City, town, or county) (State) Lansdowne Md.
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS Mrs. Katie R. Williams Schuerman St	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

25 1965

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5096****52 5096**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) EVELYN AMMON			2. DATE OF DEATH May 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 46 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 51 S. Arlington Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/14/1905	9. AGE (In years last birthday) 46	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John C. Peddicord			14. MOTHER'S MAIDEN NAME Anna Mercer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -		
17. INFORMANT Mr. Fred Ammon			ADDRESS 51 S. Arlington Ave.		

18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Hanging (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 51 S. Arlington Ave.	
21D. TIME (Month) (Day) (Year) (Hour) P. OF INJURY Found May 30, 1952 5:30pm.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged herself in cellar	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley S. Quinlan M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 31, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/52		24C. NAME OF CEMETERY OR CREMATORY London Park Cem	
24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave.		DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR John J. Conners		ADDRESS St. Hollins			

2008

25

CERTIFICATE OF DESIGN

25 2008

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. **52 5097**

VS 52-59550-3097

BIRTH NO. **61-11265**

1. NAME OF DECEASED
 (Type or Print)

John William Erb

2. DATE
 OF
 DEATH

5-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTE **Baltimore City Hospitals**
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
 A. STATE **Maryland** B. COUNTY **Baltimore** before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1420 Third Rd. Zone 20

c. Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 19 1951

9. AGE (in years
 last birthday)

1

If Under 1 Year
 Months Days

If Under 24 Hours
 Hours Min.

10A. USUAL OCCUPATION (Give kind of
 work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR
 INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
 WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick C. Erb

14. MOTHER'S MAIDEN NAME

Adeline Wenzel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
 SECURITY NO.
none

17. INFORMANT ADDRESS
Baltimore City Hospitals
4940 Eastern Ave.

18. **244X**
 DISEASE OR CONDITION DIRECTLY
 LEADING TO DEATH
 (This does not mean the mode of dying, e. g.,
 heart failure, asthenia, etc. It means the disease,
 injury or complication which caused death.)

CAUSE OF DEATH

(A) **Septicemia Septicemia**

DUE TO

INTERVAL BETWEEN
 ONSET AND DEATH

15 hrs.
12 hrs.

ANTECEDENT CAUSES

(B) **Eczema**

DUE TO

1 yr

DISEASES OR CONDITIONS, IF ANY, GIVING
 RISE TO THE ABOVE CAUSE (A) STATING THE
 UNDERLYING CONDITION LAST.

(C) **? toxicity to cortizone**

II
 OTHER SIGNIFICANT CONDITIONS CON-
 TRIBUTING TO THE DEATH, BUT NOT RELATED
 TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
 LYING ☐ OR CONTRIBUTING ☐
 CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
 about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
 INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED

WHILE AT
 WORK ☐

NOT WHILE
 AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-28-**, 19**52**, to **5-28-**, 19**52** that I last saw the
 deceased alive on **5-28-**, 19**52**, and that death occurred at **11:30 PM** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave.

5-29-52

24A. BURIAL, CREMA-
 TION, REMOVAL (Specify)

burial

24B. DATE

5/31/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
 LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

HENRY SANDER & SONS, INC. ADDRESS

MAY 31 1952

Huntington Williams, MD.

BALTO., 13, MD.

Segy A. Sander

VS 150

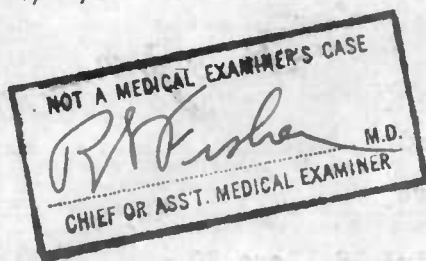
TO BE APPROVED BY MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 52- 5097

7/8/52 ES

7/12/52 ES



VALLEY
CONGRESS
EXTEND

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5098**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JULIUS A. THIELE**2. DATE
OF
DEATH**MAY 28-1952**3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**1612 Morrell Park Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

1612 Morrell Park Ave.

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

July 17-18889. AGE (in years
last birthday)**63**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Carpenter**10B. KIND OF BUSINESS OR
INDUSTRY**Gen. Constr.**

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

August J. Thiele

14. MOTHER'S MAIDEN NAME

Margaret Kind15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217-09-6911

17. INFORMANT

ADDRESS

Sophia Thiele 1612 Morrell PkAve18. **42011**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION (MI) - 28 MAY 52
CORONARY ARTERIO SCLEROSIS

DUE TO

ANTECEDENT CAUSES

(B)

CORONARY INSUFFICIENCY 22 FEB 47
ARTERIO SCLEROTIC - C-V. DISEASE

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH**NONE**21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**NONE**21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?**—**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**NONE**

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5 APRIL 1952** to **28 MAY 1952**, that I last saw the
deceased alive on **27 MAY 1952**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Meier M.D.

23B. ADDRESS

682 Washington Blvd.

23C. DATE SIGNED

31 MAY 5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 31-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**MAY 31 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F.B. Wippert & Son

ADDRESS

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52 5099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5099

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George C. Taylor*2. DATE
OF
DEATH*May 29, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*2404 Arumah Ave*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Balto

township)

D. STREET ADDRESS (If rural, give location)

2404 Arumah Ave

c. Length of stay in Baltimore

50 years

5. SEX

M

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W*

8. DATE OF BIRTH

*May 10, 1875*9. AGE (In years
last birthday)*77*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Chauffeur*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Pa*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Death Taylor

14. MOTHER'S MAIDEN NAME

*Lucy Mosley*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.*216-12-7618*

17. INFORMANT

James Taylor 806 Woodgreen St

ADDRESS

18. *422.2*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Chronic myocarditis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Old age*
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 8, 1952*, to *May 29, 1952*, that I last saw the
deceased alive on *May 28, 1952*, and that death occurred at *4:30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

C.R. Campbell

M. D.

23B. ADDRESS

718 Dolphin St

23C. DATE SIGNED

*5-30-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

May 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*MAY 31 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. S. Nelson

ADDRESS

1303 Presstman St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. W. E. Day.

3424 Guilford Terrace

4.6 33¹/₂

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5101**BIRTH NO. **52 5101**1. NAME OF DECEASED
(Type or Print)**MARIE T. COX**2. DATE
OF
DEATH **May 30, 1952.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **812 S. East Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

812 S. East Ave.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

August 11, 19509. AGE (in years
last birthday)**1**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Infant**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Joseph B. Cox

14. MOTHER'S MAIDEN NAME

Marie C. Knoerlein15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph B. Cox 812 S. East Ave/18. **751X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Spina Bifida

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hydrocephalus

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 15, 1950**, to **May 30, 1952**, that I last saw the
deceased alive on **May 29, 1952** and that death occurred at **12:30 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

E. A. Flanagan Jr.

M. D.

23B. ADDRESS

3501 Fairview Balto

23C. DATE SIGNED

5-30-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

May 31, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

(State)

4430 Belair Rd., Balto., Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Charles S. Seiler

25. FUNERAL DIRECTOR

ADDRESS

901 S. Conkling St.

1000

50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BIRTH

DIAGNOSIS

DATE OF DEATH

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DIAGNOSIS

DATE OF DEATH

DIAGNOSIS

DATE OF DEATH

DIAGNOSIS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5102

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHANNA LONDON			2. DATE OF DEATH May 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 824 S. Clinton Street - 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 26, 1885		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Keller			14. MOTHER'S MAIDEN NAME Barbara Turner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS William London 824 S. Clinton St.		
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bleeding Esophageal Varices DUE TO Cirrhosis of liver DUE TO Rheumatic Heart Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 6th 1952 to May 29th 1952, that I last saw the deceased alive on May 29, 1952 and that death occurred at 12:55a m., from the causes and on the date stated above.					
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED May 29, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) E. North Ave., Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams M.D.	
24G. FUNERAL DIRECTOR Charles S. Gailer		24H. ADDRESS 901 S. Conkling St.		24I. DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952	

1903

1903

CERTIFICATE OF DEATH

1903

DEATH RECORD

NAME OF DECEASED

Joseph Miller

1903

1903

1903

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5103**

BIRTH NO. **52 5103**

1. NAME OF DECEASED (Type or Print) <i>Hugh M. Shepard</i>			2. DATE OF DEATH <i>5/30/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Ann Arundel</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) <i>Mercy</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Arnold, Md</i>		
C. Length of stay in Baltimore <i>10</i> Yrs. <i>10</i> Mos. <i>10</i> Days			D. STREET ADDRESS (If rural, give location) <i>5200</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>April 9, 1889</i>	9. AGE (In years, last birthday) <i>53</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Am. Smelting & Refining</i>		
11. BIRTHPLACE (State or foreign country) <i>Canada</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Edward John Shepard</i>			14. MOTHER'S MAIDEN NAME <i>Jesse Shepard</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Son</i>			ADDRESS <i>same</i>		

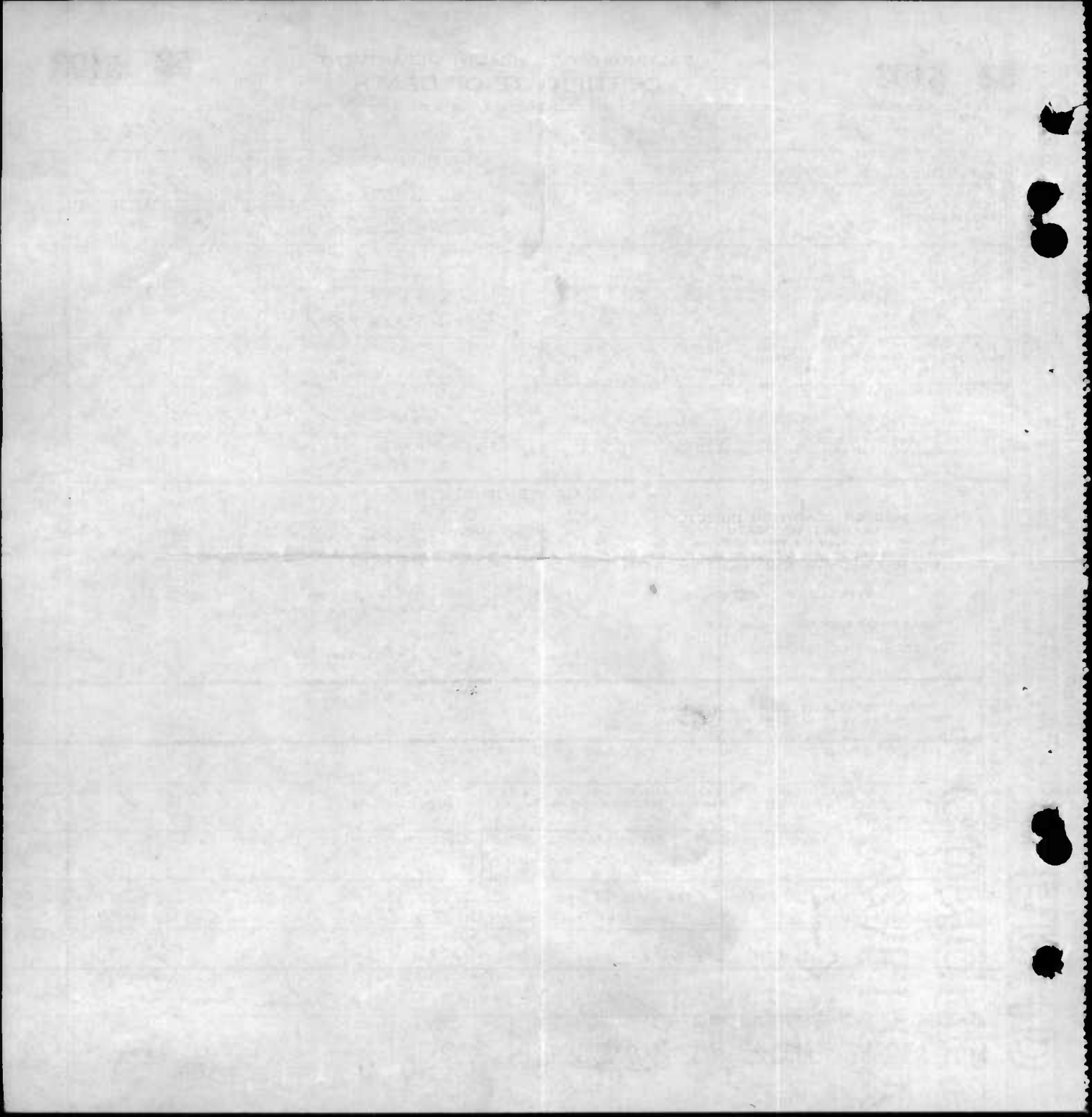
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i>	CAUSE OF DEATH <i>Coronary occlusion</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Old myocardial infarct</i>	DUE TO <i>DOA - Mercy</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>8 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Raskein M.D.</i>		23B. ADDRESS <i>Mercy</i>		23C. DATE SIGNED <i>5/30/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>6-3-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>	24D. LOCATION (City, town, or county) (State) <i>Glen Burnie Md</i>		

DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>J. J. Clark 5305 Trafalgar Rd</i>	ADDRESS
VS 150 <i>Release by Medical Examiner</i>			

MARGIN RESERVED FOR BINDING

PLEASE PRINT WHITE PLAIN WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



400
52 5104BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James P. Doyle

2. DATE
OF
DEATH

5/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6300 Old Harford Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6300 Old Harford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

2/4, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Linotype operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Gerard Doyle

14. MOTHER'S MAIDEN NAME

Sarah Kehough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS Rd.
Mrs. Samuel FRENCH 6300 Old Harford

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocarditis - arteriosclerosis

DUE TO

5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 1447, 19, to May 30, 1952, that I last saw the
deceased alive on May 27, 1952, and that death occurred at 10:23 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Burns

23B. ADDRESS

115 E EAGER ST

23C. DATE SIGNED

May 31, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAY 31 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck & Sons

ADDRESS

5305 Harford Road

VS 150

20005101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bureau
2873 Linn

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 7/8/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5105

52 5105

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew Mae Hall

2. DATE
OF
DEATH

May 30 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-14-49

9. AGE (In years last birthday)

5

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Hall

14. MOTHER'S MAIDEN NAME

Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *401.3*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Failure*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Active Rheumatic Heart*

DUE TO

(C) *Dissection*

(Pericarditis)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 14, 1952* to *May 30, 1952* that I last saw the deceased alive on *May 30, 1952* and that death occurred at *2:45* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert M. Robinson, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-4-52

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph Cem.

24D. LOCATION (City, town, or county)

Morganza, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Vive B. Robinson

ADDRESS

Leonardtown, Md.

See Document File 52 5105

7/8/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5106**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**GEORGE MELVIN TODD**2. DATE
OF
DEATH**5-30-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**University Hospital**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5505 N. Charles St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 11, 18949. AGE (In years
last birthday)**57**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)**Self-employed National Novelty Co.**10B. KIND OF BUSINESS OR
INDUSTRY**National Novelty Co.**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

William Todd (W)

14. MOTHER'S MAIDEN NAME

Jane**?**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. S. Melvin Todd - 5505 N. Charles St.18. **42010**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Acute Coronary occlusion****4 hr**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Coronary thrombosis**
(C) **Arteriosclerotic heart disease****?**
?II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/30**, 19**52**, to **5/30**, 19**52**, that I last saw the
deceased alive on **5/30**, 19**52**, and that death occurred at **2:30** a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Langerfelder

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

5/30/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Baltimore MdDATE RECEIVED BY
LOCAL REGISTRAR**MAY 31 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Means & Son 805 N. Calvert St

6012 32

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

3012
BUREAU OF PLANT INDUSTRY

1/2

1881

1/2

1/2

1/2

1/2

520
52 5107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5107

1. NAME OF DECEASED (Type or Print) Frances Jones			2. DATE OF DEATH May-28-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 624 Sterling Street			D. STREET ADDRESS (If rural, give location) 624 Sterling Street		
c. Length of stay in Baltimore 12 Yrs.			Yrs. 12 Mos. 0 Days 0		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug.-2-1883	9. AGE (In years last birthday) (83) 68	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Charlotte N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willis Jones			14. MOTHER'S MAIDEN NAME Millie Buddley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Susiei Tinkle 2425 Terrafuma Rd.		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chemical Poisoning (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 5 da		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 22, 1952 , to May 28, 1952 , that I last saw the deceased alive on May 27, 1952 and that death occurred at 2 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Sam C. Johnson		23B. ADDRESS 301-E-225 Cl.		23C. DATE SIGNED May 1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/31/1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
				24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR ADDRESS Elroy Wilson 1000 Bunnell St	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5108
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGIA C. BROWN

2. DATE
OF
DEATH

May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3423 Mondawmin Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3423 Mondawmin Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 7, 1857

9. AGE (In years last birthday)

95

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph P. Shipley

14. MOTHER'S MAIDEN NAME

Georgiana Childs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Miss Alice S. Brown - 3423 Mondawmin Ave.

18.

422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

P
1 day
P

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1, 1951, to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 89 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1952

Huntington Williams, M.D.

Blanco, Lickner & Sons

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. Name of deceased
2. Age
3. Sex
4. Race
5. Date of death
6. Place of death
7. Cause of death
8. Signature of physician
9. Signature of registrar
10. Date of registration

11. Name of informant
12. Address of informant
13. Signature of informant
14. Date of registration

15. Name of registrar
16. Signature of registrar
17. Date of registration

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5109

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas L. Cubbage

2. DATE
OF
DEATH May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1900 Homewood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1900 Homewood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 7, 1870

9. AGE (In years last birthday)

81 yrs

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Stanley, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas L. Cubbage, Sr.

14. MOTHER'S MAIDEN NAME

Mary Alger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Jensen, 1900 Homewood Ave.

18. 420.1 I

CAUSE OF DEATH Baltimore, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion
Coronary sclerosis
Coronary insufficiency

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

arterio sclerosis Generalized

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1952, to May 30, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 1 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter C. Anderson, M.D.

3001 Shannon Drive

May 31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Duffield Church Cemetery

24D. LOCATION (City, town, or county)

Charlestown, W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 31 1952

Huntington Williams, M.D. 741 rider, Charlestown

H 520
52 5110BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5110
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Amelia Heinecke			2. DATE OF DEATH May 28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. FULL NAME OF HOSPITAL OR INSTITUTION General German aged Peoples Home, 22 S. Athol Ave.			7. STREET ADDRESS (If rural, give location) 22 S. Athol Ave.			8. DATE OF BIRTH Aug. 28, 1873		
c. Length of stay in Baltimore Yrs. Mos. Days			9. AGE (In years last birthday) 78			10. CITIZEN OF WHAT COUNTRY? Germany		
5. SEX Female			6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Germany		
13. FATHER'S NAME August Leineweber			14. MOTHER'S MAIDEN NAME Unknown			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Sr. Fredericka, 22 S. Athol Ave.		
18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory Failure DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intermittent Hematuria DUE TO Seriously			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1951 to 28 May, 1952 that I last saw the deceased alive on 28 May, 1952 and that death occurred at 11:30 p.m. , from the causes and on the date stated above.								
23A. SIGNATURE William J. Bryan			23B. ADDRESS 4605 Edmondson Ave.			23C. DATE SIGNED 29 May 52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE May 31/52			24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.		
24D. LOCATION (City, town, or county) (State) Baltimore 29, Md.			25. FUNERAL DIRECTOR Huntington Williams, 4101 Edmondson Ave.			ADDRESS		
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1952			REGISTRAR'S SIGNATURE			26. FUNERAL DIRECTOR ADDRESS		

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UNITED STATES DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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52 5111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5111

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Annie R. Throught*2. DATE
OF
DEATH*5/29/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 21-01

D. STREET ADDRESS (If rural, give location)

*1102 Burgundy St*5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*1102 Burgundy St.*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/8/1866

9. AGE (In years last birthday)

85

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

13. FATHER'S NAME

John Dixon

14. MOTHER'S MAIDEN NAME

Emma Hoke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

*Lillian Schmiedes Lakeland Ave*18. *42010*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

arterio sclerotic heart disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/27*, 19*52*, to *5/29*, 19*52*, that I last saw the deceased alive on *5/29*, 19*52*, and that death occurred at *2 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deile

23B. ADDRESS

1226 Harper St

23C. DATE SIGNED

5/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1952

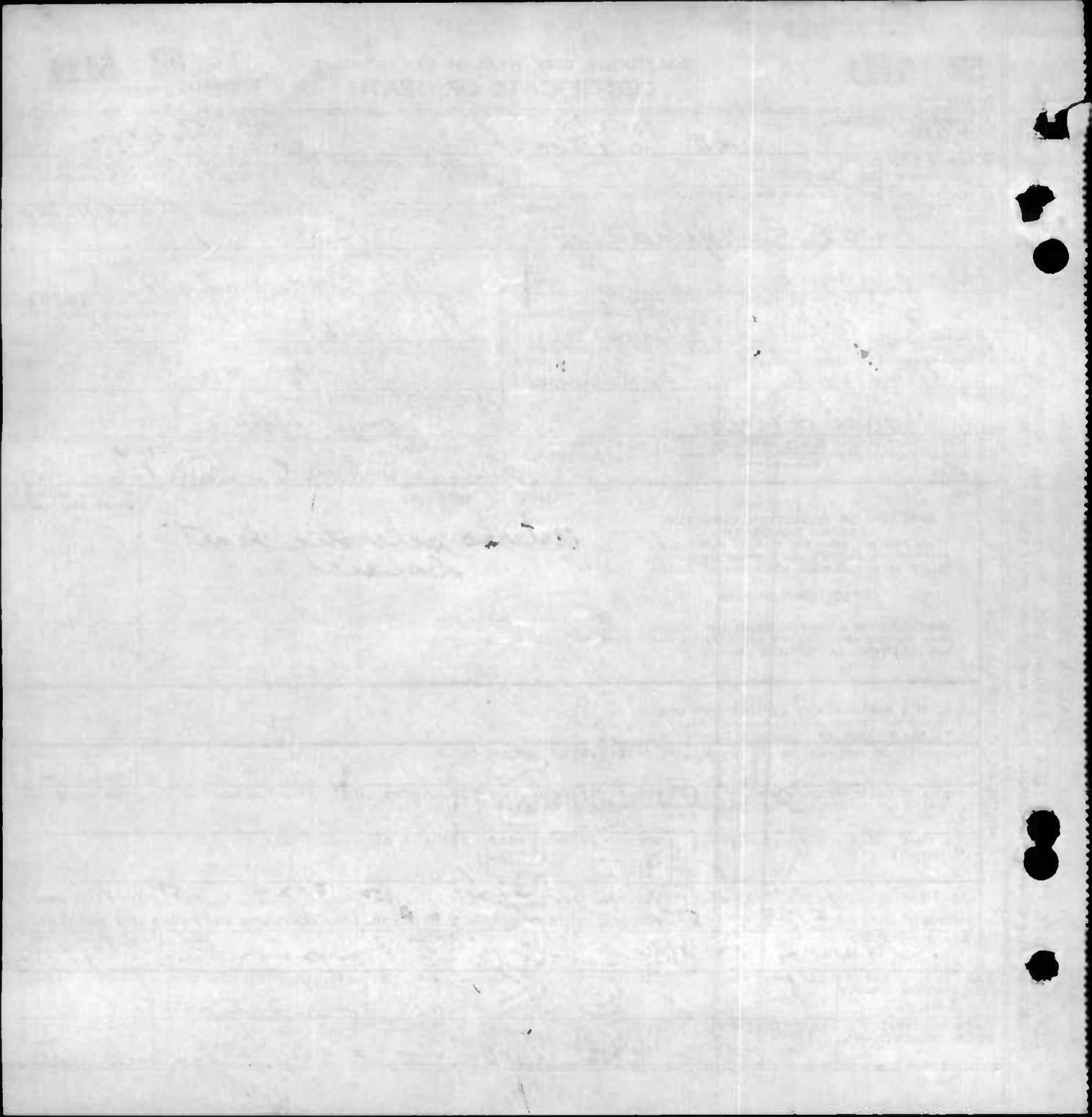
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Port. Inc 1217 St. Paul St.

ADDRESS



52 5112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5112

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAE MCG. JONES

2. DATE
OF
DEATHMAY 30
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Ventnor Lodge

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

TOWSON

D. STREET ADDRESS (If rural, give location)

312 Alabama Rd

c. Length of stay in Baltimore

3 mos
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug 15 1872

9. AGE (In years
last birthday)

79

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe store

11. BIRTHPLACE (State or foreign country)

Frostburg Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McCawahan

14. MOTHER'S MAIDEN NAME

Anna Farlie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Wagner Same

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Embolus with
Thromboses

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral Arteriosclerosis ?
(C) Generalized Arteriosclerosis +II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1952, to MAY 30, 1952, that I last saw the
deceased alive on MAY 30, 1952, and that death occurred at 11:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Rd

23C. DATE SIGNED

5/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

May 31 1952

24C. NAME OF CEMETERY OR CREMATORY

St Michael's

24D. LOCATION (City, town, or county)

Frostburg Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1952

Huntington Williams, 1111
Huntington Williams, 1111
Huntington Williams, 1111

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

517

517

RECEIVED

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D.C.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5113

Registered No. _____

52 5113
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Guy B Bond</i>			2. DATE OF DEATH <i>May 30, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>660 W. Balto st</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 4-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>660 W. Balto. st</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>2/4/1889</i>		9. AGE (in years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>	11. BIRTHPLACE (State or foreign country) <i>York Pa.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Wm T. Bond</i>			14. MOTHER'S MAIDEN NAME <i>Elnora Patterson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>214-12-2622</i>	17. INFORMANT ADDRESS <i>Bessie Miller 660 W. Balto st</i>		
18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Bladder</i> CAUSE OF DEATH <i>Carcinoma of Bladder</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>none</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct 28</i> , 19 <i>51</i> to <i>5/30</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5/28</i> , 19 <i>52</i> , and that death occurred at <i>5/30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul Schinfeld</i>		23B. ADDRESS <i>12301 Annapolis Rd</i>		23C. DATE SIGNED <i>5/31/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook Inc. 1217 St. Paul st</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

24906C

RECEIVED BY THE HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1912 56

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5114

Registered No.

52 5114

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE REAMER

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2804 Hilldale Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-12

c. Length of stay in Baltimore 26 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2804 Hilldale Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William Berger-2804 Hilldale Avenue

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Broncho Pneumonia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic nephritis.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1952, to May 19, 1952, that I last saw the
deceased alive on May 19, 1952, and that death occurred at 9P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/52

24C. NAME OF CEMETERY OR CREMATORY

Ohel Yakov Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1952

Huntington Williams, MD

Sol. Levine & Bros - 1124-26 W.

JUN 1 1952

JUN 1 1952

North Ave.

1944

RECORDS AND HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1944

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	

A-652

52 5115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5115

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LENA ARENSEN

2. DATE
OF
DEATH May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4009 Grantley Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

4009 Grantley Road

c. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec 14, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sydney Nicholson

14. MOTHER'S MAIDEN NAME

Esther ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alec Arenson 4009 Grantley Road

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

acute coronary thrombosis

sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

cerebral, coronary, general
arteriosclerosis

years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to 5/30, 1952 that I last saw the
deceased alive on April 1, 1952, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

2320 Antwerp

23C. DATE SIGNED

5/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/1/52

24C. NAME OF CEMETERY OR CREMATORY

Aitz Chaim Cong. Washington

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Lowman & Bros. - 1124-26 W. North

ADDRESS

Baltimore

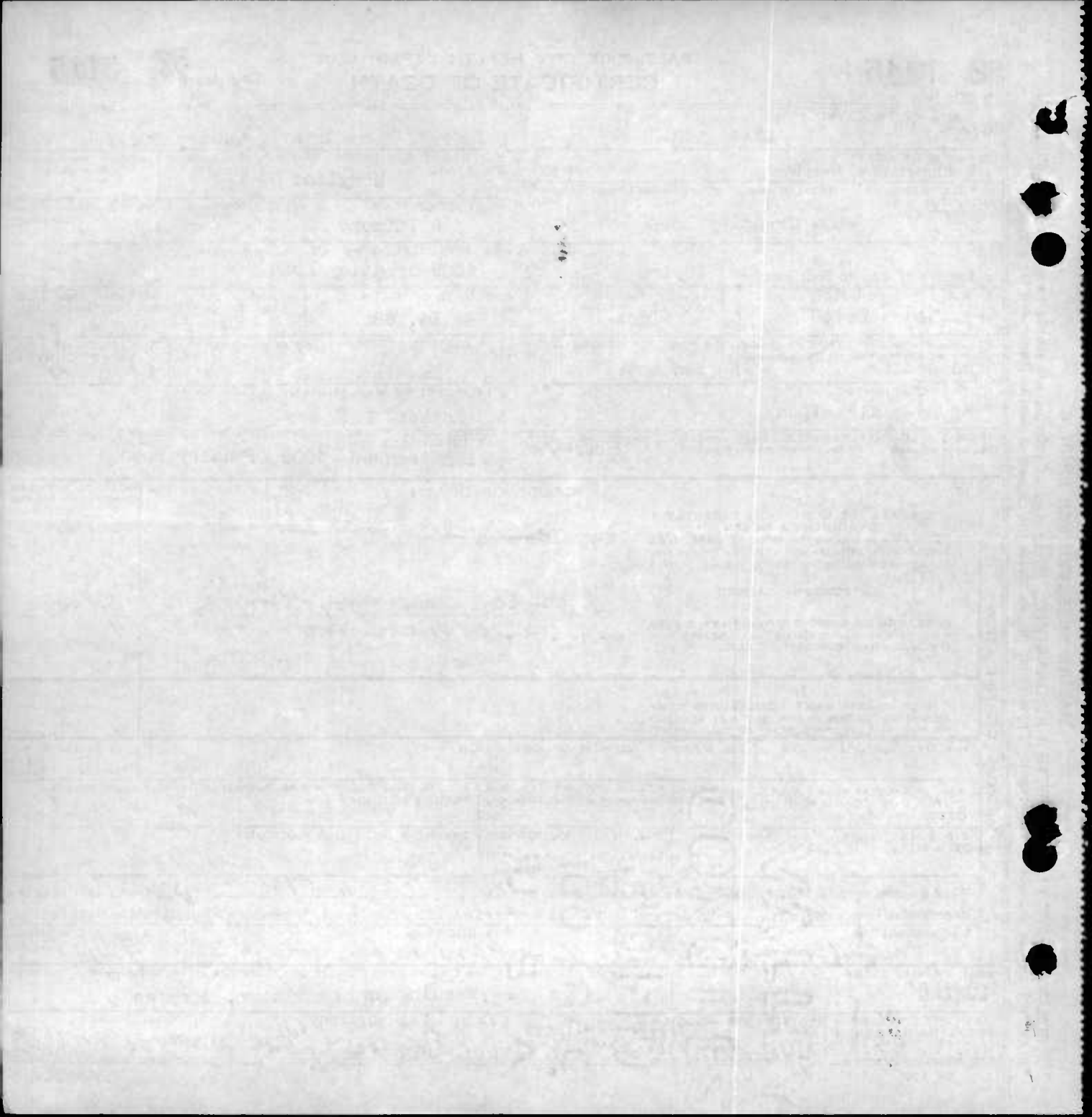
VS 150

9520005115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



52 5116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5116

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES MICHISON

2. DATE
OF
DEATH

5-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3511 Fairview Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-38

D. STREET ADDRESS (If rural, give location)

3511 Fairview Ave

c. Length of stay in Baltimore

50 Yrs.
Moon
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tobacco Dealer & Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Laird

14. MOTHER'S MAIDEN NAME

Yskne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie Mellison - same

18. 321X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage
DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30, 1952, to 5-31, 1952, that I last saw the
deceased alive on 5-30, 1952, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. D.

23B. ADDRESS

3003 Garrison Road

23C. DATE SIGNED

5-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-1-52

24C. NAME OF CEMETERY OR CREMATORY

Beth T. Fildon

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2600 Canton Pl

3303
Darker
Garrison Blvd

M-526

52 5117

52 5117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROSE MONAKER

2. DATE
OF
DEATH

5-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Levondale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-17

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3114 Woodland Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

From Sklar - 4522 Leist Rd

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral arteriosclerosis years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5-10 to 5-31, 1952 that I last saw the
deceased alive on 5-31, 1952 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry Nagel

M. D.

Levondale Home

5-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-1-52

Rosedale

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

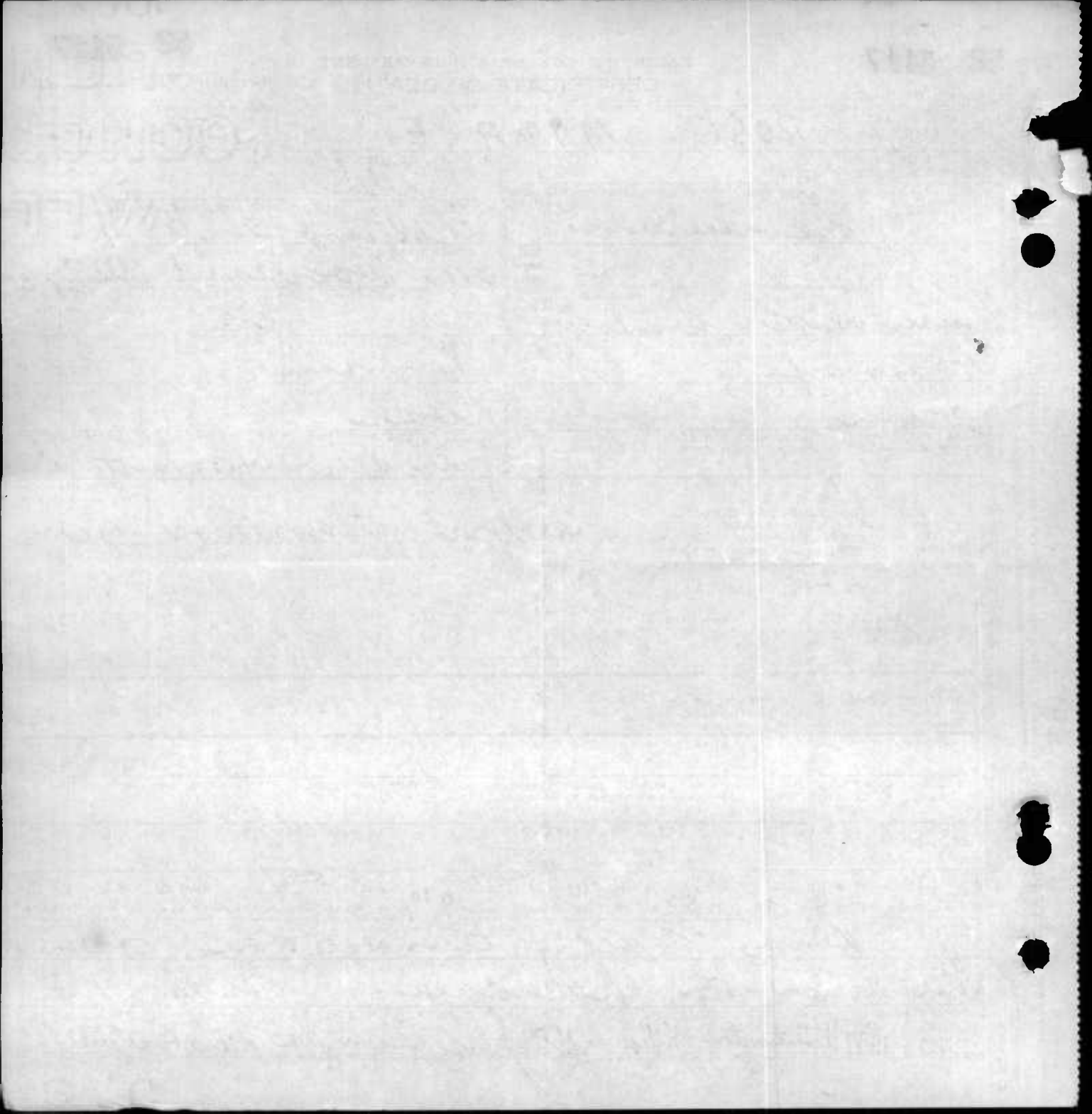
25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1952

Huntington Williams, M.D.

Jack Reyer, Inc 2100 Gettys Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

23

52 5118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5118

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) SAMUEL SPECTOR		
2. DATE OF DEATH 5.31.52.		
3. PLACE OF DEATH: A. Baltimore City, Maryland		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15113		
D. STREET ADDRESS (If rural, give location) 4002 Cottage Ave		
c. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rabbi		10B. KIND OF BUSINESS OR INDUSTRY
13. FATHER'S NAME Isaac Spector		14. MOTHER'S MAIDEN NAME Ethel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT Joseph Spector		ADDRESS same
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro vascular accident. DUE TO Arteriosclerosis. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary insufficiency		
INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5.28 , 19 52 to 5.31 , 19 52 , that I last saw the deceased alive on 5.31 , 19 52 , and that death occurred at 1:10 PM from the causes and on the date stated above.		
23A. SIGNATURE J. E. Chelminsky		23B. ADDRESS Sinai Hospital
23C. DATE SIGNED 5.31.52		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6-1-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) Balto Ind	(State)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Max Lewicki
ADDRESS 2100 Centaw Pl		

0098W

0117 96

0117 96

12-11-82

12-11-82

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side. Some fragments are visible, such as "UNITED STATES OF AMERICA" and "DEPARTMENT OF JUSTICE".]

G-521
\$2 5119BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

GINSBURG

2. DATE
OF
DEATH

May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-11

D. STREET ADDRESS (If rural, give location)

3509 Sequoia Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 23, 1894

9. AGE (In years
last birthday)

58

10. Under 1 Year
Months: Days: 11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Helen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WAR II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Jacqueline Ginsberg - Same

ADDRESS

18. E 976X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3509 Sequoia Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Approx. 6 p.m. 5-30-52

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot himself in head

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durlacher, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 31, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-1-52

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewicki

ADDRESS

3100 Cutaw Pl

CERTIFICATE OF DEATH

PLACE OF DEATH

DEATH OF DEATH

DATE OF DEATH

52 5120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 5120

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Piersol

2. DATE
OF
DEATH

May 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland, B. COUNTY Phoenix

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Phoenix, Md.

C. Length of stay in Baltimore

60 yrs 2 Weeks

D. STREET ADDRESS (If rural, give location)

Phoenix, Md. 5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-4-91

9. AGE (in years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John E. Guthrie

14. MOTHER'S MAIDEN NAME

Martha Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Edgar Piersol,

ADDRESS

Phoenix, Md.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Massive Pulmonary Embolism

5 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Carcinomatosis several months

DUE TO

(C) Carcinoma Ovary

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/20/52

19B. MAJOR FINDINGS OF OPERATION

Generalized Carcinoma - Cystocele, Rectocele

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/1952 to 5/31/1952 that I last saw the deceased alive on 5/31/1952 and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Mueller M.D.

M.D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

5/31/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Fairview

24D. LOCATION (City, town, or county)

Phoenix, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Landon M. Brooks, Sparks, Md.

ADDRESS

VS 150

95205117

1917

1917

1917

1917

1917

1917

1917

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52 5121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5121

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ada Payne

2. DATE
OF
DEATH

May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY _____

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

c. Length of stay in Baltimore

14 mos

D. STREET ADDRESS (If rural, give location)

1637 Division St.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 9, 1878 73

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Dom. Family

11. BIRTHPLACE (State or foreign country)

Bedford, Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Austin

14. MOTHER'S MAIDEN NAME

Mary Ashville

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Beeta Mills

1637 Division St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease 6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis 14 mos.

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951, to May 1952, that I last saw the deceased alive on May 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Higgins

M. D.

23B. ADDRESS

2243 Madison Ave.

23C. DATE SIGNED

5-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkview Mem. Pk. Baltimore Co. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home

VS 150

7208A

1917

52

1917

52



52 5122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5122

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian E. Davern

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1211 H Albemarle St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-23-83

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days: Hours: Min.

5 1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Gettysburg Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. Huff

14. MOTHER'S MAIDEN NAME

Louise Sterner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial infarct

1-2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes acidosis, cerebrovascular accident

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 5-28, 1952, to 5-29, 1952, that I last saw the
deceased alive on 5-29, 1952, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Leighton E. Clay

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL 5-30-52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1952

Huntington Williams, M.D.

Edmund H. Conklin

2500

25

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2500

25

May 28 1915

John Brown

John

John

John

CAUSE OF DEATH

John

John

John

John

John

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John

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John

John

John

655
52 5123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5123
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE FREEMAN

2. DATE
OF
DEATH

5-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

23-01

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

219 Henrietta St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Mar. 20, 1892

9. AGE (In years,
last birthday)

60

10. Under 1 Year
Months; Days11. Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Sh.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Freeman

14. MOTHER'S MAIDEN NAME

Julianne Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

?

16. SOCIAL
SECURITY NO.

213-03-7077

17. INFORMANT

ADDRESS

Hospital Record

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardio-renal dis.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Permissive anemia

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1952, to 5-28, 1952, that I last saw the
deceased alive on 5-28, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. Shea

M. D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

5-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

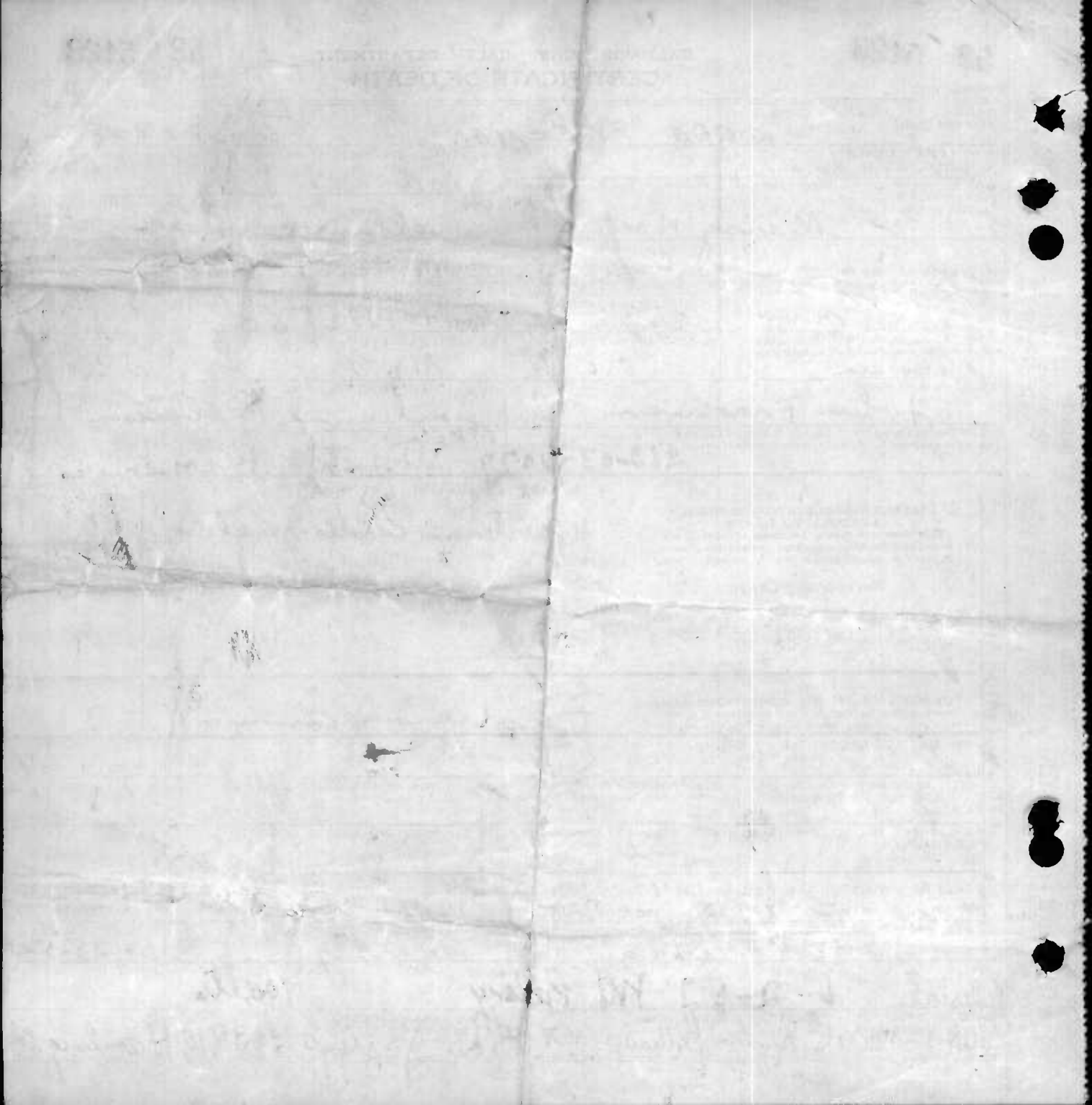
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

W. B. Spriggs - 1394 Hamling St

ADDRESS



52 5124

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5124

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWIN H. SCHNEIDER

2. DATE

OF

DEATH MAY 29:1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4103 Forrest Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

Baltimore City

15-09

D. STREET ADDRESS (If rural, give location)

4103 Forrest Park Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov:30:1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Assistant Supt. Balto City Transporta

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

George Schneider

14. MOTHER'S MAIDEN NAME

Margaret Hoefling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Margurite SteilSchneider....Same

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lymphatic leukemia

Over 23 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

General debility + leucemia
Phenomena

3 weeks

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1927 to 5/29, 1952, that I last saw the
deceased alive on 5/27, 1952, and that death occurred at 11:10 P.M. from the causes and on the date stated above.

23A. SIGNATURE

Rich. P. Morgan

M. D.

23B. ADDRESS

10 East Eager Street

23C. DATE/SIGNED

3/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 2:52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery Woodlawn Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F.H. WIPPERT & SON 1300 Eutaw Pl. 17

CERTIFICATE OF DEATH

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

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DECEASED

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CAUSE OF DEATH

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DECEASED

DECEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5125**

BIRTH NO. **52 5125**

1. NAME OF DECEASED (Type or Print) <i>Anna J. Kildberger</i>		2. DATE OF DEATH <i>5-30-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2028 Ellsworth Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-01</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2028 Ellsworth Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 7, 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	9. AGE (In years last birthday) <i>61</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Joseph Kucera</i>		14. MOTHER'S MAIDEN NAME <i>Barbara Machovec</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Charles F. Kildberger</i>		ADDRESS <i>2028 Ellsworth St.</i>	

18. <i>420.1 and 260X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Thrombosis</i>		<i>5 days</i>	
ANTECEDENT CAUSES		(B) <i>Atherosclerosis</i>		<i>unknown</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Quarrel with Mother</i>		<i>unknown</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>29 May 1952</i> , to <i>30 May 1952</i> , that I last saw the deceased alive on <i>29 May 1952</i> , and that death occurred at <i>4 PM</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John C. Kildberger</i>		23B. ADDRESS <i>1512 N. Milton Ave</i>		23C. DATE SIGNED <i>31 May 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/2/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Taylor Ar. - Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 2435 E. Olive St.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 - 1952</i>		REGISTRAR'S SIGNATURE <i>John C. Kildberger</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, 2435 E. Olive St.</i>	

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

WILLIAM H. SAWYER, PRINTER

1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5126****52 5126**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**William G. Roemer**2. DATE
OF
DEATH**May 30, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**759 Bartlett Ave.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 9-08 township)

D. STREET ADDRESS (If rural, give location)

759 Bartlett Ave.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**D**

8. DATE OF BIRTH

June 17, 19079. AGE (In years
last birthday)**44**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Watchman**10B. KIND OF BUSINESS OR
INDUSTRY**Edmondale Bldg. Co.**

11. BIRTHPLACE (State or foreign country)

Baltimore Md12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward D. Roemer**CO. 1ST.**

14. MOTHER'S MAIDEN NAME

Carrie M. Zink15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**218-09-9681**

17. INFORMANT

ADDRESS

Carrie M. Roemer 759 Bartlett Ave18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary Occlusion**

DUE TO

ANTECEDENT CAUSES

(B) **Coronary Arteriosclerosis**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**None**21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?**None**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**None**

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Charles F. Drury23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☒ 23C. DATE SIGNED
5/30/ 5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Huntington Willigues, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 - 1952**John C. Miller Inc. - 2435 E. Oliver St**

VS 151

763 24

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5127
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL FOWLER

2. DATE
OF
DEATH

5-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

10A St Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural - Upper Marlborough

D. STREET ADDRESS (If rural, give location)

Route 1 Box 201

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1 1893

9. AGE (In years last birthday)

58

10 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fruit farmer

10B. KIND OF BUSINESS OR INDUSTRY

Tobacco

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Charlotte Fowler

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.J. McCafferty

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
6-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/52

24C. NAME OF CEMETERY OR CREMATORY

Epiphany Episcopal Forestville

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

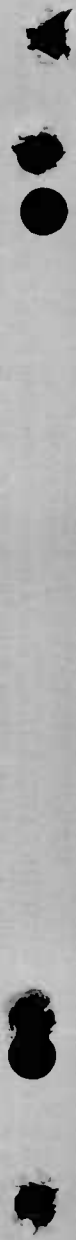
25. FUNERAL DIRECTOR

Fletcher Bros.

ADDRESS

Upper Marlborough, Md

[Faint, illegible text, likely bleed-through from the reverse side of the page]



52 5128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5128

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE HENRY TRANTER			2. DATE OF DEATH 5/31/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. Maryland Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION USPHS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-06		
C. Length of stay in Baltimore 9yrs.			D. STREET ADDRESS (If rural, give location) 2799 1/2 Alameda Blvd.		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15, 1875	9. AGE (in years birthday) 76	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner			10B. KIND OF BUSINESS OR INDUSTRY coal miner		
11. BIRTHPLACE (State or foreign country) England			12. CITIZEN OF AMER. COUNTRY?		
13. FATHER'S NAME George Tranter			14. MOTHER'S MAIDEN NAME Beatrice Tranter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Chart			ADDRESS		

18. 153X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Adenocarcinoma of Colon with extensive Abdominal Metastases	unknown
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/31	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Minute) 5/31 5:45p	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/28**, 19**52** to **5/31**, 19**52** that I last saw the deceased alive on **5/31**, 19**52**, and that death occurred at **5:45p** m., from the causes and on the date stated above.

23A. SIGNATURE E. Du Bose Dent, Jr.	23B. ADDRESS USPHS HOSPITAL	23C. DATE SIGNED 5/31/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-4-52	24C. NAME OF CEMETERY OR CREMATORY South Fork
24D. LOCATION (City, town, or county) South Fork Pa.	25. FUNERAL DIRECTOR CHARLES J. EVANS & SON	ADDRESS 118 W. Mt. Royal Ave
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952		
REGISTRAR'S SIGNATURE Huntington Williams		

2/11/52

CHUCK HART TRUCK

White

Medium

1-1-1-1-1-1

WHITE HORSE

2700 Adams Blvd.

2700

WB

1-1-1-1-1-1

Medium

White

X

1-1-1-1-1-1

Medium

1-1-1-1-1-1

1-1-1-1-1-1

Medium 1-1-1-1-1-1

Medium 1-1-1-1-1-1

Medium 1-1-1-1-1-1

1-1-1-1-1-1

Admission tickets of John with extensive
documentary material

22

1/1/52

1/1/52

2/11/52

WHITE HORSE

22

1/1/52

2. Defense Dept. 1-1-1-1-1-1

52 5129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5129

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Obediah F. Reightler

2. DATE
OF
DEATH

June 1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-03

D. STREET ADDRESS (If rural, give location)

845 N. Eutaw St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

845 N. Eutaw St.

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 10, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Hanger

10B. KIND OF BUSINESS OR
INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Thurmont, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Reightler

14. MOTHER'S MAIDEN NAME

Babigah Fleagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Brother

Forest Reightler, Thurmont, Md.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATHMay 24 to
June 1/52II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1952 to June 1, 1952, that I last saw the
deceased alive on May 31, 1952 and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Harris Goldmann, M.D.

23B. ADDRESS

1816 W North av

23C. DATE SIGNED

6/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 4/52

24C. NAME OF CEMETERY OR CREMATORY

United Brethren Cemetery, Thurmont, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. L. Creager & Sons, Thurmont, Md.

JUN 2 1952

1816W. Hartman.

52 5130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5130

Registered No. _____

BIRTH NO. 52-12889

1. NAME OF DECEASED
(Type or Print)

BABY GIRL LYNN (NEWBORN)

2. DATE
OF
DEATH

JUNE 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

WESTMINISTER, Md.

D. STREET ADDRESS (If rural, give location)

Route 6

5600

c. Length of stay in Baltimore

20 MINUTES

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

NEWBORN

8. DATE OF BIRTH

6/1/52

9. AGE (In years,
last birthday)

—

10. Under 1 Year
Months: Days

—

—

—

—

—

—

—

—

—

—

—

—

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mercy Hospital

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

STEPHEN LYNN

14. MOTHER'S MAIDEN NAME

DOROTHY DEAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

SAME

18.

751X
I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

CONGENITAL MENINGOCELE
AND HYDROCEPHALUSINTERVAL BETWEEN
ONSET AND DEATHIN-UTERO
DEFECT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 920 AM 6/1, 1952, to 940 AM 6/1, 1952, that I last saw the
deceased alive on 6/1, 1952, and that death occurred at 940 AM, from the causes and on the date stated above.

23A. SIGNATURE

John A. Ferris

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

6/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-1952

24C. NAME OF CEMETERY OR CREMATORY

Springfield Rd

24D. LOCATION (City, town, or county)

CARROLL Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 2-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S. M. Waltz Winfield, Md.

ADDRESS

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death	
Cause of Death		Manner of Death		Occupation		Education		Religion		Marital Status	
Signature of Physician		Signature of Registrar		Signature of Coroner		Signature of Medical Examiner		Signature of Police Officer		Signature of Funeral Home	
Date of Entry		Time of Entry		Place of Entry		Signature of Entry Officer		Signature of Entry Officer		Signature of Entry Officer	

52 5131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5131

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel A. Holt

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4680 Falls Road

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

4680 Falls Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jan. 7, 1871

9. AGE (In years
last birthday)

81

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dress Maker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas Jones

14. MOTHER'S MAIDEN NAME

Mary E. Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Annie Jones 4682 Falls Road

18. 42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Anterograde Heart
Disease.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4/5/51, 19, to 5/29/52, 19, that I last saw the
deceased alive on 5/28/52, 19, and that death occurred at 9:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-2-52

Mt. Auburn Cem

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 578

JUN 2 - 1952

Huntington Williams, M.D.

Matrona A. Hensley W. Biddle St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1015

1813

RECEIVED DECEMBER 1813

Antony's letter Book
Dissertation

Antony's letter

1813

1813

1813

Antony's letter Book

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5132

Registered No.

52 5132

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNIE ROBINSON

2. DATE
OF DEATH

5-31-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Mount

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

6200 Baltimore Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Getzel Levenson

14. MOTHER'S MAIDEN NAME

Leshe Hunda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Levenson - 327 W Lombard

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

3 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 7, 1949, to May 31, 1952, that I last saw the
deceased alive on May 31, 1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein M. O.

23B. ADDRESS

848 W. 36th St

23C. DATE SIGNED

5/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-3-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. Black, Lewis & Clark

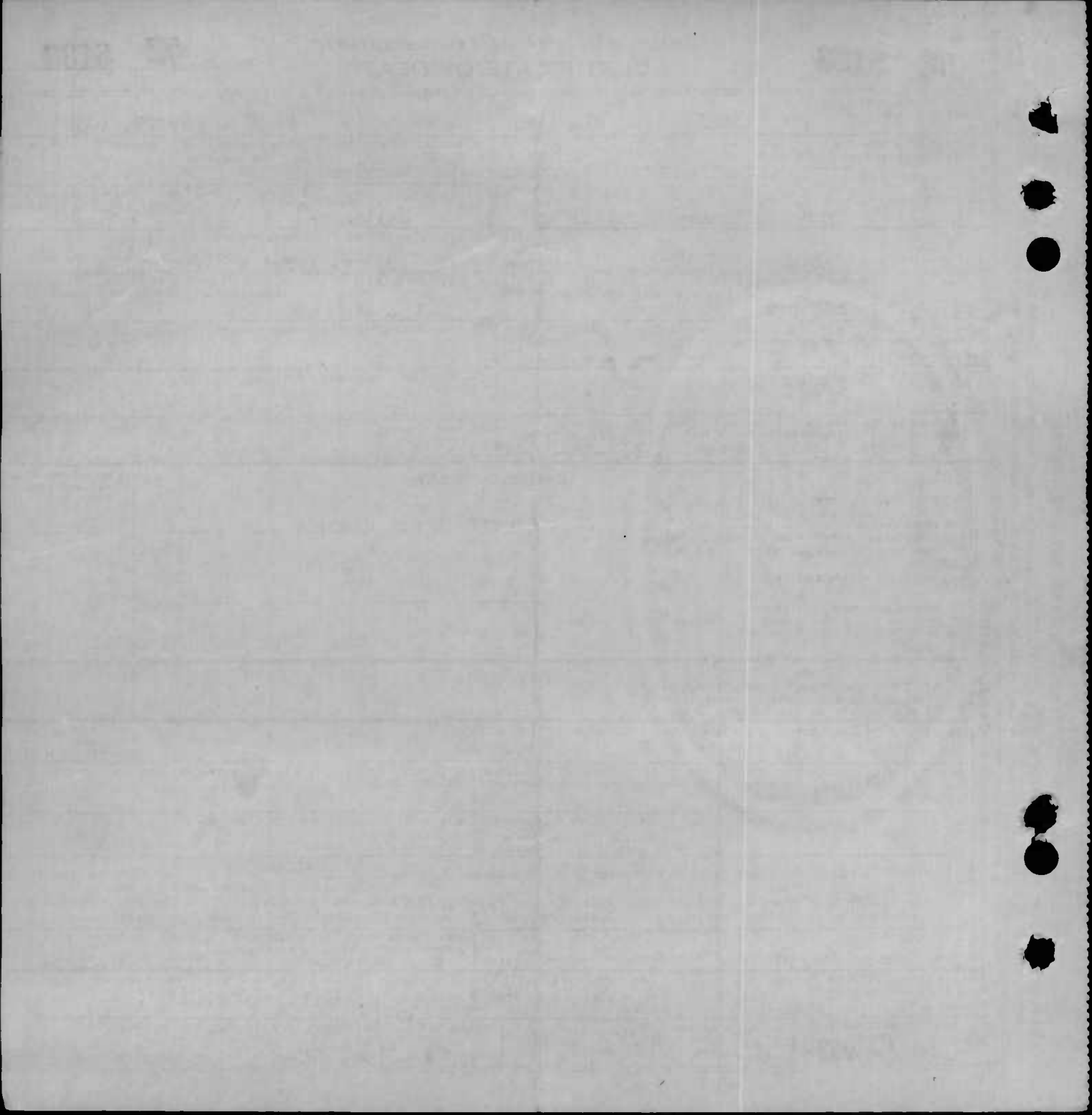
ADDRESS

2100 Canton Rd

Dr Wallenstam
3454 Auchterley
Ternate

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5133BIRTH NO. 52 5133

1. NAME OF DECEASED (Type or Print) JAMES WILLIAMS		2. DATE OF DEATH May 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 20Yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1531 W. Fayette Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-18-93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Trucking Co	9. AGE (In years last birthday) 58 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Caroline Co., Va		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Archie Williams Sr		14. MOTHER'S MAIDEN NAME Charlotte Stevens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW-I		16. SOCIAL SECURITY NO. 217-09-4530	
17. INFORMANT Henry Williams		ADDRESS 2040 N. Drexel St	
18. 023X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Luetic heart disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>Stanley H. Denecker</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED May 29, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-2-52	
24C. NAME OF CEMETERY OR CREMATORY Baltimore, National Ct.		24D. LOCATION (City, town, or county) (State) Baltimore, City.	
25. FUNERAL DIRECTOR 108 W		ADDRESS Montgomery St	
26. DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5134

Registered No. _____

52 5134

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George R. Thompson

2. DATE
OF
DEATH

May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - 18

D. STREET ADDRESS (If rural, give location)

2840 Harford Rd. 9-06

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

(WIDOWED) DIVORCED (Specify)

8. DATE OF BIRTH

1863

9. AGE (In years last birthday)

88

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

News Paper

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Elizabeth Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

219-01-8171

17. INFORMANT

ADDRESS 5107

Mrs. Emma M. Martin

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mesenteric Thrombosis 3 wks

DUE TO

(C) Uremia 1 wk

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952, to May 30, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. K. Skipton

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-31-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/2/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

JUN 2 1952

VS 150

905 2000 5131

Georg F. Sander

1947

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RECEIVED BY THE SECRETARY OF THE
DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5135

Registered No. _____

52 5135

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillian Jones Loe

2. DATE
OF
DEATH

5/29/52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1721 W. Bond St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 8-06

D. STREET ADDRESS (If rural, give location)

1721 W. Bond St.

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mitral insufficiency, mitral secondary anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July, 1951, to May 24, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952

Huntington Williams, M.D.

Robert L. Young 1216 W. Caroline St

15 213

15 213

RECEIVED BY THE DEPARTMENT OF THE ARMY

FOR THE OFFICE OF THE ADJUTANT GENERAL

15 213

15 213

CAUSE OF DEATH

REASON FOR DEATH

REASON FOR DEATH

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52 5136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5136

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Clark, Sr

2. DATE
OF
DEATH

May 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sindi Hospital of Baltimore Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 1-01

D. STREET ADDRESS (If rural, give location)

3040 O'Donnell Street

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

5-20-99

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance

10B. KIND OF BUSINESS OR INDUSTRY

Wes. Elec. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Elec. App. (M)

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Doris Clark - same address

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary edema

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 31, 1952, to May 31, 1952, that I last saw the deceased alive on May 31, 1952, and that death occurred at 1 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Myra Fine, M.D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

June 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-4-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952

Huntington Williams, M.D. 403 S. Wolfe St.

10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5137BIRTH NO. 52 5137

1. NAME OF DECEASED (Type or Print) CATHERINE E. SHAW			2. DATE OF DEATH May 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Balto. General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orchard Beach, Anne Arundel Co.		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 7800 Beach Drive		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 9, 1883		9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Schneider			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Fred. S. Shaw-son-Orchard Beach		

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Arteriosclerotic**
non Cardiovascular Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
May 30, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY
Meadowridge Memorial24D. LOCATION (City, town, or county) (State)
Washington Blvd. Md.DATE RECEIVED BY LOCAL REGISTRAR
JUN 2 - 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216S. Charles St

1917

REPUBLIC OF THE PHILIPPINES

1917



S-516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5138**BIRTH NO. **52 5138**

1. NAME OF DECEASED (Type or Print) CHRISTOPHER STAVROPOULOS			2. DATE OF DEATH May 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3500 Cedardale Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 15-11		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3500 Cedardale Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Singles	8. DATE OF BIRTH	9. AGE (In years last birthday) 13	10 Under 1 Year Months: 1 Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS James Stavropoulos 3500 Cedardale		

18. **E921.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) **Asphyxia**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Aspiration of gastric content**
DUE TO(C) **Multiple and extensive superficial abrasions and contusions over face trunk and extremities.**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3500 Cedardale Rd.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? locked himself in cedar chest	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED May 30, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6-2-52	24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Lombard Funeral Home Inc. 440 E. North Ave	

VS 151

N 933X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8318 52

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

8318 52

31

LITCHI/HEEL
WELL

52 5139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5139

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nora R. Rosier

2. DATE
OF
DEATH

May 30, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5904 Hayford Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

5904 Hayford Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

820 Mc Cabe Ave

5. SEX

7

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Oct 21

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Jackson Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

W. J. Stiffler

14. MOTHER'S MAIDEN NAME

Guinda Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Carrie Carr 5904 Hayford Rd

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio Sclerosis
Cardiac Disease

3 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis

(C)

Sclerosis

Indefinite

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1946, to May 30, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

3429 Chestnut St

23C. DATE SIGNED

May 30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 252

24C. NAME OF CEMETERY OR CREMATORY

Cure Grove Cemetery

24D. LOCATION (City, town, or county)

Rayville Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul Neumann 6067 Hayford Rd

ADDRESS

JUN 2-1952

VS 150

9520005136



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John W. Brown

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md.. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2642 Guilford Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2642 Guilford Ave.

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

May 17, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days

-

14

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Brown

14. MOTHER'S MAIDEN NAME

Wilhimine Peters

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

on

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Charles A. Leidlich

ADDRESS
2642 Guilford Ave

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 Wk.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1952, to 6/1, 1952, that I last saw the
deceased alive on 5/31, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Jolley

M. D.

23B. ADDRESS

441 A. Ellwood Ave

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. H. Cole

ADDRESS

1913 W. Baltimore

Dr. Tawley
441 S. Ellwood ave

01.1870

52 5141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5141

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Alice Elizabeth Richardson</u>		2. DATE OF DEATH <u>May 29, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 Boyd St</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18-03</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>923 Boyd St</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 3, 1907</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic at home</u>		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>45</u>
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Thomas</u>		14. MOTHER'S MAIDEN NAME <u>Ida Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Richard Richardson</u>
18. <u>002X and 3rr.v</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <u>Pulmonary Thc.</u> <u>Years.</u>	
(B) <u>Malnutrition</u> <u>Years.</u>		(C) <u>Alcoholism</u> <u>Years.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>May.</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 1948</u> , 19 <u>48</u> , to <u>June 28, 1952</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>52</u> , and that death occurred at <u>8:30 AM.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Charles Commaselle M.D.</u>		23B. ADDRESS <u>910 W. Lombard St.</u>	23C. DATE SIGNED <u>June 1-52</u>
24A. BURIAL, CREMATION, REMAIN (Specify) <u>Burial</u>	24B. DATE <u>6/2/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Queen Chapel, Mt. Airy, Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 2-1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>	25. FUNERAL DIRECTOR <u>Charles A. Rice - 661 W. Barre St.</u>	

Lib Brown

16/5 Arbutus
and

Arbutus
1408 (69)

1969

52 5142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5142

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elna Duncan

2. DATE OF DEATH **May-30-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

2108 Boone Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2108 Boone Street

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH **1894**

9. AGE (In years last birthday)

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Freman

14. MOTHER'S MAIDEN NAME

Annie Freman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Cella 2108 Boone Street

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

hypertension

5 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-10**, 19**48** to **6-2**, 19**52**, that I last saw the deceased alive on **5-15**, 19**52** and that death occurred at **3:00** p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. M. Daniel

23B. ADDRESS

807 N. Carroll

23C. DATE SIGNED

6-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

old Baltimore Nat.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Bunting ave

JUN 3 1950

720845189

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK

IN SENATE

1897



52 5143

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5143

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William

2. DATE
OF
DEATH

5/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

545 N. Park St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 3, 1912

9. AGE (in years

39

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

Groom Co. N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Suggs

14. MOTHER'S MAIDEN NAME

Dora Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eunice Suggs 545 N. Park St.

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertension, malignant

5 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23/52, 19, to 5/30/52, 19, that I last saw the
deceased alive on 5/30/52, 19, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Rogers D. Scott

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952

Huntington Williams

Mrs. Katie R. Williams

322 N.

JUN 2 - 1952

97099

ONE

2

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

NO. 1000

WALLEY

CHURCH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

M-534

52 5144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY MONTELEONE

2. DATE
OF
DEATH

May 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1018 N. Broadway

c. Length of stay in Baltimore

43

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 26 1897

9. AGE (in years
last birthday)

55

10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sandwich Make

10B. KIND OF BUSINESS OR
INDUSTRY

Lord Balt. Hotel

11. BIRTHPLACE (State or foreign country)

Reggio Calabria Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Antonio Monteleone

14. MOTHER'S MAIDEN NAME

Teresa Pillo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

214-30-6157

17. INFORMANT

ADDRESS BROADWAY

Myrtle Marie Monteleone 1018 N.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Infarct

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Choultz

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
May 30, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3RD 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Ceme.

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della

ADDRESS

322 S. High St.

JUN 2 - 1952
JUN 2 - 1952

690 88

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11/11/54

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

11/11/54

TO : SAC, NEW YORK
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5145
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Cook

2. DATE
OF
DEATH

May 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Del 4

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

15-01

township)

D. STREET ADDRESS (If rural, give location)

1209 Crestman St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 10, 1920

9. AGE (In years

last birthday)

31

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Maids

10B. KIND OF BUSINESS OR
INDUSTRY

Gen & Electric Co.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Turner

14. MOTHER'S MAIDEN NAME

Sara Crawford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *204.1*

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Gastrointestinal hemorrhage

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute myeloblastic leukemia

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4-21*, 19*52* to *5-31*, 19*52* that I last saw the
deceased alive on *5-31*, 19*52* and that death occurred at *5:10 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-31-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Natl

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Franklin Funeral Home

JUN 2 - 1952

VS 150

95299038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5146**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**FRANK P. COLANTONIO**2. DATE
OF
DEATH**5/30/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**LUTHERAN HOSPITAL OF MD.**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**BALTIMORE****27-17**

D. STREET ADDRESS (If rural, give location)

4823 PARR HEIGHTS AVE. #15

c. Length of stay in Baltimore

40 YRSYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

MAY 29, 19039. AGE (In years
last birthday)**49**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**SALESMAN**10B. KIND OF BUSINESS OR
INDUSTRY**KELLEY BUICK**

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA, PENNA.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

FRANK P. COLANTONIO

14. MOTHER'S MAIDEN NAME

MARIAMABILE BASCIANO15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or oookowo) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**215-10-7698**

17. INFORMANT

WIFE - EDITH

ADDRESS

SAME18. **260X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) **ASCENDING DIABETIC NEUROPATHY**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**2 mo.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **DIABETES MELLITUS**

DUE TO

20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**ARTERIOSCLEROTIC + CARDIOVASCULO-RENAL Dis.****20 yrs.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January, 1952** to **May 30, 1952**; that I last saw the
deceased alive on **May 30, 1952**, and that death occurred at **10:15 pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Murim S. Daly

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

May 30, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

JUNE 3 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR ROAD MD.DATE RECEIVED BY
LOCAL REGISTRAR**JUN 2 - 1952**

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1800 E LOMBARD ST

DEATH CERTIFICATE

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of mortician		17. Signature of embalmer		18. Signature of transporter	
19. Signature of interment		20. Signature of burial		21. Signature of cremation	
22. Signature of crematorium		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation	
28. Signature of cremation		29. Signature of cremation		30. Signature of cremation	
31. Signature of cremation		32. Signature of cremation		33. Signature of cremation	
34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation	
40. Signature of cremation		41. Signature of cremation		42. Signature of cremation	
43. Signature of cremation		44. Signature of cremation		45. Signature of cremation	
46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation	
52. Signature of cremation		53. Signature of cremation		54. Signature of cremation	
55. Signature of cremation		56. Signature of cremation		57. Signature of cremation	
58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation	
64. Signature of cremation		65. Signature of cremation		66. Signature of cremation	
67. Signature of cremation		68. Signature of cremation		69. Signature of cremation	
70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation	
76. Signature of cremation		77. Signature of cremation		78. Signature of cremation	
79. Signature of cremation		80. Signature of cremation		81. Signature of cremation	
82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation	
88. Signature of cremation		89. Signature of cremation		90. Signature of cremation	
91. Signature of cremation		92. Signature of cremation		93. Signature of cremation	
94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation	
100. Signature of cremation		101. Signature of cremation		102. Signature of cremation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5147**BIRTH NO. **52-12589**1. NAME OF DECEASED
(Type or Print)**Loskarn, Baby Boy**2. DATE
OF
DEATH**June 1, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
~~INSTITUTION~~**St. Joseph's**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

318 S. Chester St.

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

June 1, 19529. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.**2****16**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY**CHILD**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Loskarn

14. MOTHER'S MAIDEN NAME

Genevieve Budacz15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

ADDRESS

CHARLES LOSKARN 318 S CHESTER ST

18.

762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Atelectasis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1**, 19**52** to **June 1**, 19**52**, that I last saw the
deceased alive on **June 1**, 19**52**, and that death occurred at **6:30pm.**, from the causes and on the date stated above.

23A. SIGNATURE

William P. Baldwin M.D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

June 1, '5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

JUNE 2 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

1430 BELAIR RD

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR

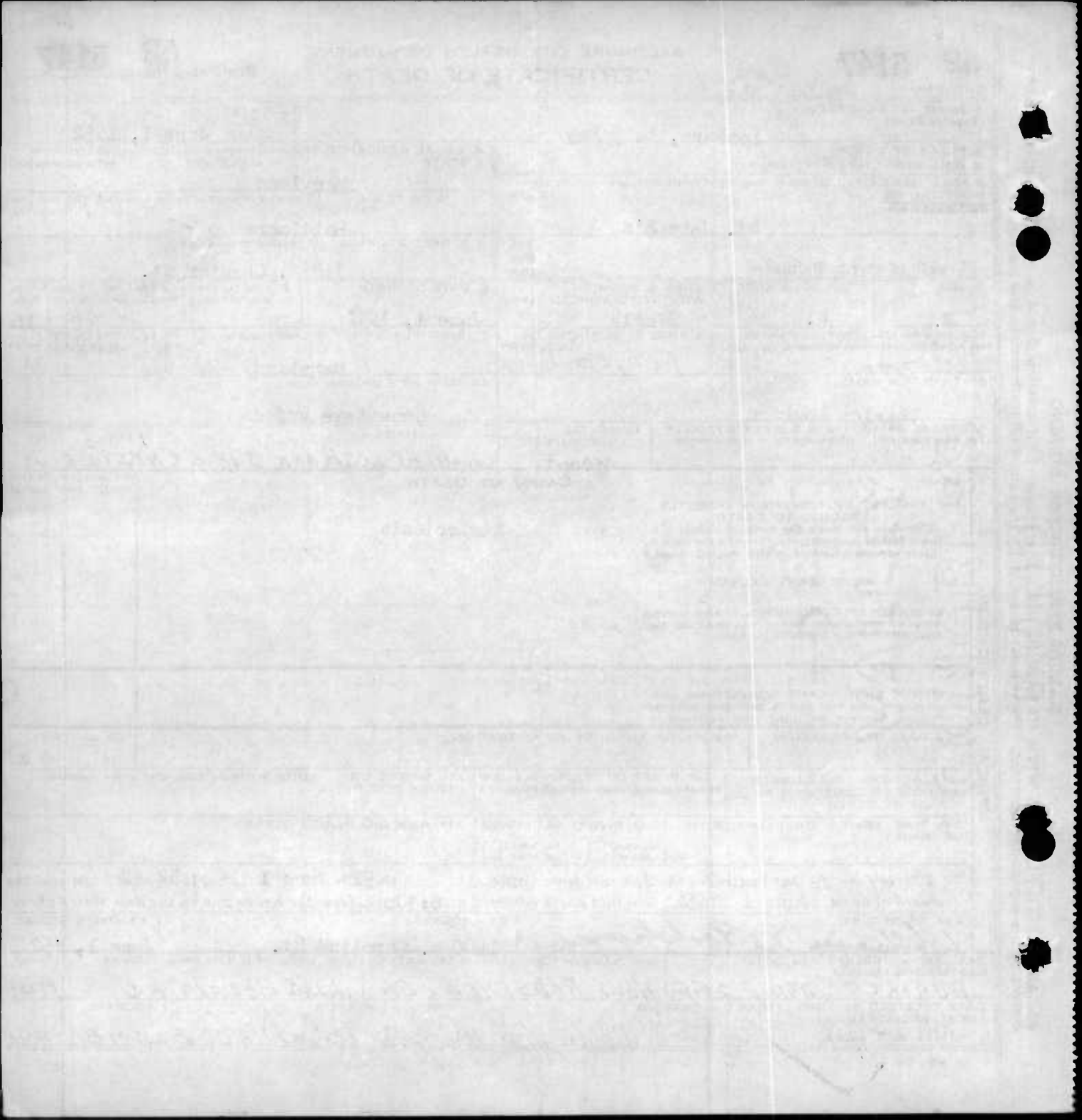
REGISTRAR'S SIGNATURE

JUN 2 - 1952**Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS

1800 E LOMBARD ST



PLEASE WRITE PLATE WITH UNFADING INK. Every item of information should be carefully applied to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

256
52 5148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE EISENHARDT

2. DATE
OF
DEATH

MAY 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

HOME.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1234 W. Lombard

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

Nov. 12, 1946

9. AGE (In years,
last birthday)

56

10 Under 1 Year
Months; Days

11 Under 24 Hours
Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

B+O Railroad

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Christian Eisenhardt

14. MOTHER'S MAIDEN NAME

ELIZABETH EMMERT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO.

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS 1234

JAMES EISENHARDT W. Lombard

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Pulmonary Edema

DUE TO

One day

ANTECEDENT CAUSES

(B)

Arteriosclerotic C-V. disease

DUE TO

Many years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to May 29, 1952, that I last saw the
deceased alive on May 26, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman, M.D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

5/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952

H. E. 5148.0

MENDALL EDIPPEL 312 S. Highland Ave

118

38

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

38

118

George F. Johnson

White

Married

Home

City of Baltimore

Age 45 years

Cause of death

Heart disease

Duration of illness

Signature of physician

Signature of registrar

Signature of witness

Signature of family

Signature of witness

Signature of witness

Signature of witness

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5149

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Sadie Moser

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Josephs Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

7. STREET ADDRESS (If rural, give location)

425 S. Robinson St.

8. Length of stay in Baltimore

Life.

9. SEX

Female

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

Dec 18, 1886

13. AGE (In years last birthday)

66

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HWife

16B. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)

Balto, Md.

18. CITIZEN OF WHAT COUNTRY?

U.S.A.

19. FATHER'S NAME

20. MOTHER'S MAIDEN NAME

Sahra Young

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

22. SOCIAL SECURITY NO.

none

23. INFORMANT

Joseph C. Young

24. ADDRESS

425 S Robinson St

25. *260X*

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Diabetic coma

DUE TO

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial failure

DUE TO

(C)

30. INTERVAL BETWEEN ONSET AND DEATH

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. DATE OF OPERATION

33. MAJOR FINDINGS OF OPERATION

34. AUTOPSY?

YES ☐ NO ☒

35. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

37. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

38. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

40. HOW DID INJURY OCCUR?

41. I hereby certify that I attended the deceased from *May 31* 1952, to *June 1* 1952, that I last saw the deceased alive on *June 1* 1952, and that death occurred at *1:55a* m., from the causes and on the date stated above.

42. SIGNATURE

Benjamin S. Saunders

43. ADDRESS

1100 N. Caroline St.

44. DATE SIGNED

June 1, '52

45. BURIAL, CREMATION, REMOVAL (Specify)

Burial

46. DATE

June 3 1952

47. NAME OF CEMETERY OR CREMATORY

Oak Lawn

48. LOCATION (City, town, or county)

Easton ave

(State)

49. DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1952

50. REGISTRAR'S SIGNATURE

Huntington Williams

51. FUNERAL DIRECTOR

W. B. RIPPET

52. ADDRESS

312 Highland ave

52 5150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5150

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alfredo Gonzalez Olachea

2. DATE
OF
DEATH

May 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Lima

D. STREET ADDRESS (If rural, give location)

Divorciadas 648

c. Length of stay in Baltimore

26

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 17, 1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lima, Peru

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Maximilian Olachea

14. MOTHER'S MAIDEN NAME

Hortensia Gonzalez

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Hildegard Olachea Lima, Peru

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carotid Sinus Vaso-vagal Fits

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1952, to 5/28, 1952, that I last saw the
deceased alive on 5/28, 1952, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius R. Krevans

M. O.

23B. ADDRESS

J. H. H.

23C. DATE SIGNED

May 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 1952

24C. NAME OF CEMETERY OR CREMATORY

Cemetery General de Lima

24D. LOCATION (City, town, or county)

Lima, Peru

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. W. Meeks and Son 805 N. Calver St.

ADDRESS

0817 52

52

RECEIVED BY THE U.S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5151
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Howard Warneke Sr.

2. DATE
OF
DEATH

5/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1710 E.30th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1710 E.30th St.

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/7/1884

9. AGE (In years last birthday)

68

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Adv. Dept., Newspaper Balto. News-Post

10B. KIND OF BUSINESS OR INDUSTRY

NEWSPAPER

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Warneke

14. MOTHER'S MAIDEN NAME

Elizabeth

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Warneke 1710 E.30th St.

18. **180X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma R Kidney**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **none**
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **May 3**, 19**52**, to **5-31-52**, that I last saw the deceased alive on **5-30-52**, and that death occurred at **6 P** m., from the causes and on the date stated above.

23A. SIGNATURE

T. J. Hermann

23B. ADDRESS

1710 E. 33 St

23C. DATE SIGNED

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2-1952

Huntington Williams

Clarence F. Hoffmann 1639 Broadway

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5152

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. JULIA M. SKIPPER

2. DATE
OF
DEATH

6/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MD.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

CRAWFORD RETREAT

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1736 Thomas Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 5, 1877

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOME

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE W. MAGAN

14. MOTHER'S MAIDEN NAME

WILHELMIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

MR. JAY. F. SKIPPER 252 A-1 CHERRY VALLEY AVE
GARDEN CITY, N.Y.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) GANGRENE OF LEFT LEG

DUE TO

72 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) FIBRILLATION ATRIAL
& EMBOLUS TO LEG.
(C) ARTERIOSCLEROTIC H. D.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

HEMI PLEGIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from MAY 30, 1951, to JUNE 1, 1952, that I last saw the
deceased alive on MAY 31, 1952, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. P. L. L. L.

M. D.

23B. ADDRESS

817 ST. PAUL ST.

23C. DATE SIGNED

6/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/3/52

24C. NAME OF CEMETERY OR CREMATORY

WESTERN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker & Sons, Inc. Balto MD

JUN 2 - 1952

VS 150

19520005147



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5153
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR F. WALDAU

2. DATE
OF
DEATH

5/31/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE *MD*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University

C. CITY OR TOWN (If outside corporate limits, write FULL and give
township)

Baltimore

9-06

D. STREET ADDRESS (If rural, give location)

1725 E. 33rd St

#18

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/23/87

9. AGE (in years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

AUTOMOTIVE PARTS

11. BIRTHPLACE (State or foreign country)

MD-BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Fred ARTHUR VON HIRSHFELDT

(R)

14. MOTHER'S MAIDEN NAME

Louise Demuth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

MRS. ELEANOR POENLMANN - 1725 E. 33rd St

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hodgkins disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13 1952, to 5/31, 1952, that I last saw the
deceased alive on 5/31, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Langenfelder

M. D.

23B. ADDRESS

University Hoop

23C. DATE SIGNED

5/31/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/52

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

WOODLAWN, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 2-1952

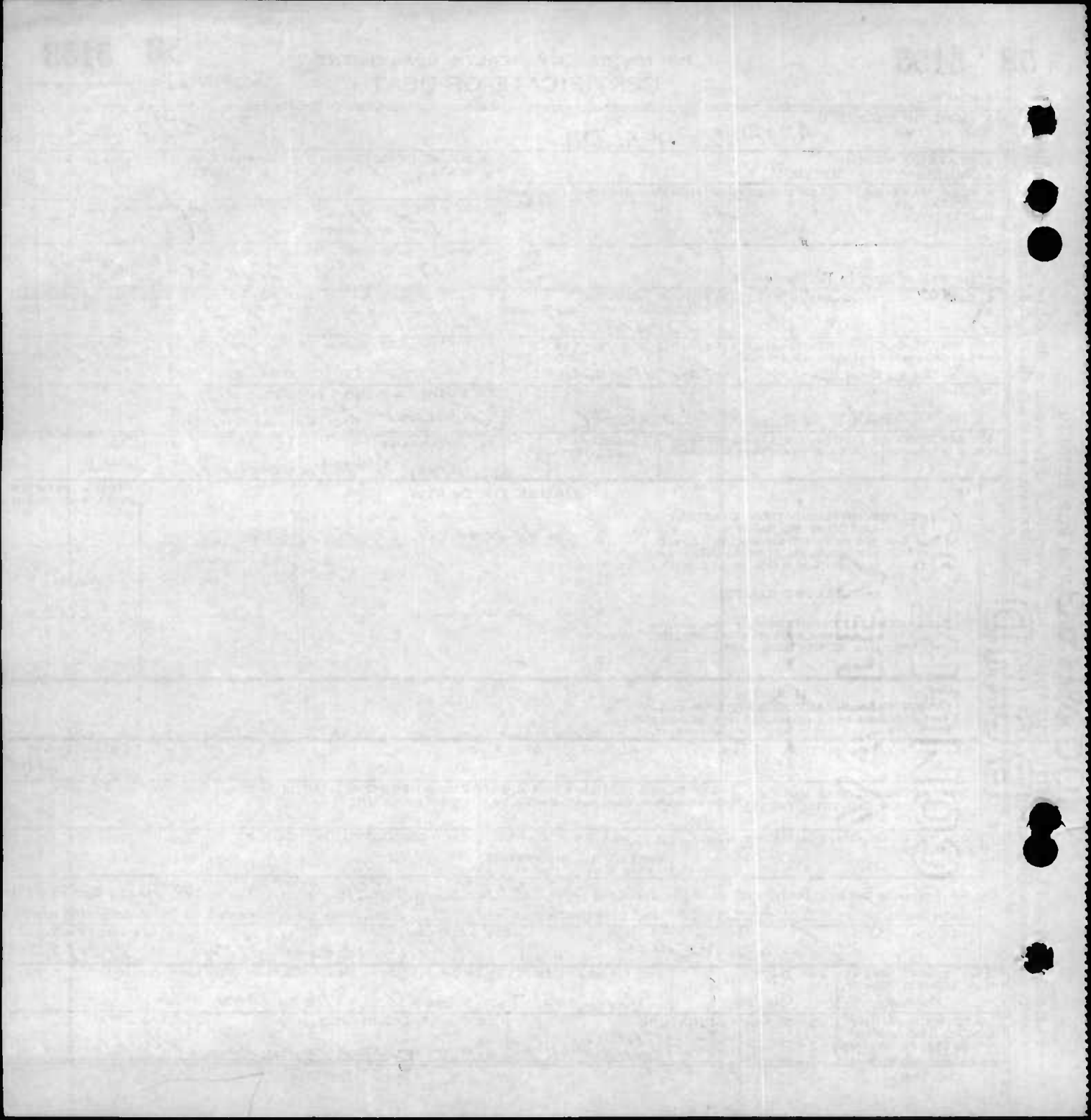
REGISTRAR'S SIGNATURE

Huntington Walligues, M.D.

25. FUNERAL DIRECTOR

Wm. J. Zickler, Son Inc. Balto MD

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5154

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Margaret Monroe

2. DATE
OF
DEATH

31 May 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. Length of stay in Baltimore

61

Yrs.
Moor
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12 April 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Batz

14. MOTHER'S MAIDEN NAME

Margaret Tellerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 560.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Post Operative Atelectasis 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive Ventral Hernia 19 years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 20 May, 1952, to 31 May, 1952, that I last saw the
deceased alive on 30 May, 1952, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Doreen C. Enberg

M. D.

23B. ADDRESS

Church Home Hosp. Bldg.

23C. DATE SIGNED

31 May 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-4-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952

Huntington Williams, M.D.

Walter C. Enberg, M.D.

1200 N. Charles St.

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5155
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Clara Crawford

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Yes

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

705 E. Arlington Ave-Balto-12-Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

5/10/1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John L. Lewis

14. MOTHER'S MAIDEN NAME

Mallisa (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fred L. Crawford 705 Arlington Ave.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma right breast

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/24/1952 to 6/1/1952 that I last saw the
deceased alive on 5/31/1952 and that death occurred at 2:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Donald Mohler M.D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

6/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/4/52

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952 Huntington Williams, M.D.

Wm Cook Inc 1217 St. Paul St.

CERTIFICATE CORRECTED

11/3/52

ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52

5156

AB-159395

BIRTH NO. 52 5156

1. NAME OF DECEASED (Type or Print) Vincent Torres (Vincent Torrese)			2. DATE OF DEATH June 1-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-00		
c. Length of stay in Baltimore 30yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 121 N. Pearl Street zone1		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1886 September 17,		9. AGE (In years last birthday) 66 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HANDYMAN		10B. KIND OF BUSINESS OR INDUSTRY OOD JOBS	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louie Torrese			14. MOTHER'S MAIDEN NAME Mduer Anner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 322X and 029X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma (A) Cerebral Metastasis from of lung DUE TO thrombosis due to arteriosclerosis probable: hemiparesis, aphasia. ANTECEDENT CAUSES (B) Cerebral Vascular Accident DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH ? mos. ? yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of lung Syphilis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-23- 19 52 to 6-1- 19 52 , that I last saw the deceased alive on 6-1- 19 52 , and that death occurred at 9.10P m., from the causes and on the date stated above.					
23A. SIGNATURE J.S. Poyen M. D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 6-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 4-1952		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Old Frederick Rd. Balto Md		25. FUNERAL DIRECTOR Huntington Williams, 117 Joseph Terrace Inc. 2013 Sheppard Ave.		25. FUNERAL DIRECTOR ADDRESS 97099	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 97099	

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

1932-1933

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5157
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Chas. H. Baughen

2. DATE
OF
DEATH

6/1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION

23 E. 22nd St

C. CITY OR TOWN

(If outside corporate limits, write "RURAL" and give township)

Balto

D. STREET ADDRESS (If rural, give location)

23 E. 22nd St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/12/1869

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

11 19

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Elkton Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

(Unknown) Baughen

14. MOTHER'S MAIDEN NAME

Cyndy (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Florence Baughen 23 E. 22nd St

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Arteriosclerosis

Years

(C)

General Arteriosclerosis

Years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Anterior ductic Heart Disease

5 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/10*, 19*52* to *6/1*, 19*52*, that I last saw the deceased alive on *4/30*, 19*52*, and that death occurred at *2 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Paul F. Fotherman

23B. ADDRESS

2 E. Red St.

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/4/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Funeral Home 1217 St. Paul St.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2157

THE UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

1957



MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5158**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret O. Grob

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (if not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

4015 Eierman Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4015 Eierman Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William C. Franz

14. MOTHER'S MAIDEN NAME

Anna H. Bull

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna Franz Same

18. *170X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Metastatic Carcinoma of Liver & Brain

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 yrs 6 mo.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Dec 1948

Adenocarcinoma

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 16*, 19*48*, to *June 1*, 19*52*, that I last saw the deceased alive on *May 31*, 19*52*, and that death occurred at *7:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Laura Wolfe

M. D.

13318 North Ave

6-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

6-4-52

Baltimore Natl

Frederick Ave Md

JUN 2 - 1952

Huntington Williams, M.D.

Mildred J. Blight

6669 Harford Rd

6904K

1331 E. Main St.
m. 5733

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5159**

626
52 5159
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY A. TRAGER			2. DATE OF DEATH May 31, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE MD B. COUNTY 26-08		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 16 S. Conkling St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 16/1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker			10B. KIND OF BUSINESS OR INDUSTRY Bakery		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? ?		
13. FATHER'S NAME John Trager			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 214-30-2516		
17. INFORMANT Mr. Melvin Harris			ADDRESS 605 N. Clinton St		

18. E936.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE RETROPERITONEAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO RUPTURE OF ABDOMINAL VENA CAVA		
(B) DUE TO MULTIPLE PULMONARY EMBOLI		
(C) DUE TO RUPTURE OF PLANTARIUS TENDON		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 9, 1952		19B. MAJOR FINDINGS OF OPERATION LIGATION OF VENA CAVA		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BAKERY	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 602 2708 Orleans St.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Apr. 26 1952	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? LIFTING HEAVY OBJECT		

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED
June 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 4/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUN 2-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Philip Henry Sons
ADDRESS 2024 Orleans St			

0110 82

RECEIVED BY MAIL FROM
CERTIFICATE OF DEATH

0110 82



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5160

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matthew Siford

2. DATE
OF
DEATH

5.30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 333 Mason Ct.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

70 yrs.

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24-1870

9. AGE (In years,
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sylvester Siford

14. MOTHER'S MAIDEN NAME

Martha Cil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or date of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mr. Benj. Siford

ADDRESS 219
Kresson St

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) malignancy of skin
of faceII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952, to May 31, 1952, that I last saw the
deceased alive on May 31, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

H. R. Johnson

M. D.

23B. ADDRESS

403 Medart Bldg 6/1/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

6/4/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Philip Hering Sons Orleans

ADDRESS 2024

JUN 2 - 1952

VS 150

1952

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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0012 32



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5161**

1. NAME OF DECEASED (Type or Print) GENORVA BOONE (HENRY)			2. DATE OF DEATH May 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1360 Stricker St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1921		9. AGE (In years last birthday) 32?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Riceville, Ga.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Nathaniel Henry ADDRESS 1360 N. Stricker St.		

18. E981X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of left arm and chest XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 586 Baker St.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 30, 1952 6:a.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Firearms. - Revolver		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William Spivey</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> DATE SIGNED May 30, 1952		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/4/52	24C. NAME OF CEMETERY OR CREMATORY Wrightsville, Ga.	24D. LOCATION (City, town, or county) (State) Wrightsville, Ga.
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>George H. Nelson</i> ADDRESS 1303	
VS 151 N 862.4 720 FA <i>Prestman</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1212 W 241

WASHINGTON, D.C. 20540
OFFICE OF THE ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5162**

BIRTH NO. **300**

1. NAME OF DECEASED (Type or Print) ANGIE (ANZIE) WHITE			2. DATE OF DEATH May 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1309 Edmondson Ave.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5/1/1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Louise Co. Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Lucy Ann Winston		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Howard White 1309 Edmondsn Ave.		

18. **443X** I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive Cardiovascular Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley K. Overacher M.D.** 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **May 31, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/3/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR **JUN 2 - 1952** REGISTRAR'S SIGNATURE **Thurston Williams M.D.** 25. FUNERAL DIRECTOR ADDRESS **Rev. J. Nelson 1303 Pressman St.**

1983

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CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5163
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel E. Rellihan

2. DATE
OF
DEATH

June 1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

309 S. Collins Ave.

D. STREET ADDRESS (If rural, give location)

309 S. Collins Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

July 3, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Railway Express

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Meyer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles Rellihan, 309 S. Collins Ave

18.

163x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1951** to **June 1, 1952**, that I last saw the deceased alive on **May 27, 1952**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. H. Williamson II

M. D.

23B. ADDRESS

3534 Edmondson Ave.

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 4/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

JUN 2 - 1952

VS 150

68350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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THE UNIVERSITY OF CHICAGO

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PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

W 300
52 5164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5164

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>L. Elizabeth White</i>		2. DATE OF DEATH <i>May 31, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3708 Spaulding Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3708 Spaulding Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>3708 Spaulding Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>April 17, 1911</i>	9. AGE (in years last birthday) <i>41</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>Norman S. White</i>		14. MOTHER'S MAIDEN NAME <i>Lola J. Todd</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Lola J. White</i>	
				ADDRESS <i>3708 Spaulding Ave</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Edema of Lungs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardio-vascular disease</i>		<i>8 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Apr. 24</i> 1952 to <i>May 31</i> , 1952, that I last saw the deceased alive on <i>May 31</i> , 1952, and that death occurred at <i>7:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Norman L. Todd</i>		23B. ADDRESS <i>2108 St. Paul St</i>		23C. DATE SIGNED <i>5/31/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>		24B. DATE <i>June 3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Lisville Maryland</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 2 - 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Spring House</i>		ADDRESS <i>5005 E. Light Ave.</i>			

1312

32

1312

32



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5165

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Shipley

2. DATE
OF
DEATHMay 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4602 Manordene Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-04

D. STREET ADDRESS (If rural, give location)

4602 Manordene Road

c. Length of stay in Baltimore

1 Year

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 6, 1865

9. AGE (In years, last birthday)

86

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Road worker (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY
A.A.CO., COMMS.

11. BIRTHPLACE (State or foreign country)

Anne Arundel County, Md.

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

John W. Shipley

14. MOTHER'S MAIDEN NAME

Mary Kercher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Norman W. Clark, Severn, Md.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Generalized arteriosclerosis unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to May 31, 1952, that I last saw the
deceased alive on May 30, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Shipley

M. O.

23B. ADDRESS

11 Mallon Hill Ave

23C. DATE SIGNED

6/2/5224A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

June 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Friendship

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 2 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

T.W. Singleton, Glen Burnie, Md.

808

52

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5166

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Balt. ANNIE VICTORIA MYERS

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Anne Arundel

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Balto. Gen'l. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Severn

Rural

D. STREET ADDRESS (If rural, give location)

Old Annapolis Road.

C. Length of stay in Baltimore

Few Hours

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 1, 1884

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Severn, A.A. County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Frank Griffith

14. MOTHER'S MAIDEN NAME

Emily Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Morgan Myers, Severn, R.F.D. # 1 Box 422

18.

451X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic Heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1 12:30 PM, 1952, to June 1 6 PM, 1952, that I last saw the
deceased alive on _____, 19____, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Eng-237 Jan M. D.

23B. ADDRESS

South Balto Gen. Hosp.

23C. DATE SIGNED

6-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Griffith's Private Cem.

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

T.W. Singleton, Glen Burnie, Md.

8017 81

RECEIVED

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5167**

512
52 5167
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sister Magdalen Hampson			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore 15			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Villa Saint Michael 4000 Forest Hill Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-41		
c. Length of stay in Baltimore 1 Yrs. 8 Mos. 8 Days			D. STREET ADDRESS (If rural, give location) 4000 Forest Hill Road		
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 5-8-1885		9. AGE (In years last birthday) Months: Days 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Sister		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lima, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edwin Charles Hampson			14. MOTHER'S MAIDEN NAME Esther Frances Walsh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sister Isabel, St. Joseph's Central House, Fairmount, Md.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		?
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1950 to 6/1 1952 , that I last saw the deceased alive on 5/31 1952 , and that death occurred at 6A m., from the causes and on the date stated above.					
23A. SIGNATURE Samuel P. Alagia		23B. ADDRESS 336 Judnick Ave		23C. DATE SIGNED 6/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June-3-1952		24C. NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery	
				24D. LOCATION (City, town, or county) (State) Emmitsburg, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Stewart & Modern Co. 108 W. North Ave. City #1.	

52 5167

CERTIFICATE OF DEATH

52 5167

Blank certificate form with horizontal lines for text entry.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5168**

BIRTH NO. 52 5168

1. NAME OF DECEASED (Type or Print) Emma Perkins			2. DATE OF DEATH 5/31/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 501 N. Street			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE Maryland COUNTY 19-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION -			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 21			o. STREET ADDRESS (If rural, give location) 501 N. Street		
5. SEX Female	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 20, 1890	9. AGE (In years last birthday) 62	10. Under 1 Year Months: 11 Days: 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Perkins			14. MOTHER'S MAIDEN NAME Emma Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Bessie Guster		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary hemorrhage + emb		INTERVAL BETWEEN ONSET AND DEATH 3 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Vascular disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 4/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 17, 1952 , to May 31, 1952 , that I last saw the deceased alive on May 27, 1952 , and that death occurred at m. , from the causes and on the date stated above.				
23A. SIGNATURE W. H. W. W.		23B. ADDRESS 515 S. E. Street		23C. DATE SIGNED 6/2/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 4/52	24C. NAME OF CEMETERY OR CREMATORY Whitman Mem. Park	24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS W. B. Brooks, Ruggold 14637 Carey St		

VS 150

7208A

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

0317

03

DEPARTMENT OF HEALTH
STATE OF NEW YORK

0317

12/27/1917
New York
12/27/1917

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New York
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New York
12/27/1917

P-600
52 5169
48-08150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5169
Registered No.

BIRTH NO. 48-08150

1. NAME OF DECEASED (Type or Print) JAMES LOUIS PERREY			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jessup		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5200		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/11/48	9. AGE (In years last birthday) 4	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jules Perrey			14. MOTHER'S MAIDEN NAME Florence Marshall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. **204.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)**Acute lymphatic leukemia****Unknown**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION **2**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **Mar. 18**, 1952, to **June 1**, 1952, that I last saw the deceased alive on **June 1**, 1952, and that death occurred at **5:05P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D.W. Patrick, Medical Officer in Charge.**US PHS Hospital, Balto, Md.****6/2/52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**June 4-52****Meadow Ridge Gentry****Dorsey - Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 - 1952**Huntington Williams, M.D.****Robert G. Gossard**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5170**BIRTH NO. **52 5170**

1. NAME OF DECEASED (Type or Print) JACOB MILLER			2. DATE OF DEATH June 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 3-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1627 East Baltimore Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 40		9. AGE (In years last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked			11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Abraham			14. MOTHER'S MAIDEN NAME Jennie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jennie Miller - Home

18. **443X and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Hypertensive Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. Fisher** 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **6/2/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6-3-52** 24C. NAME OF CEMETERY OR CREMATORY **Rosedale** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 3-1952** REGISTRAR'S SIGNATURE **Huntington, Williams, M.D.** 25. FUNERAL DIRECTOR **James Mc 2100 Centaw** ADDRESS

0512 82

EXHIBIT TO THE
CERTIFICATE OF DEATH

0512 82



52 5171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST CHALK

2. DATE
OF
DEATH

6-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

13-08

D. STREET ADDRESS (If rural, give location)

1318 W. 37th

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 18, 1890

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE

10B. KIND OF BUSINESS OR INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

WILLIAM CHALK

14. MOTHER'S MAIDEN NAME

ANNA SNELLINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-30-7030

17. INFORMANT

(WIFE)

ADDRESS

(SAME)

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 5-31 1952 to 6-1 1952 that I last saw the deceased alive on 6-1 1952, and that death occurred at 5⁰⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard C. Boech

M.O.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

6-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

Huntington Williams

E. Bonowaw-3818 Roland

an

1941

OFFICE OF THE ATTORNEY GENERAL

1941



52 5172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5172

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EUGENE HEDRICK

2. DATE
OF
DEATH

JUNE 2 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

13-07

D. STREET ADDRESS (If rural, give location)

3804 HICKORY AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

JAN 3, 1866

9. AGE (In years
last birthday)

86

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED FOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

PENNA R.R.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE HEDRICK

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

DOROTHEA WISE - 1211 LAKE FALLS RD.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATHCause of death
arteriosclerotic C-V. Dis. 4 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1952, to June 2, 1952, that I last saw the
deceased alive on May 31, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. H. H. Hannon

M. D.

23B. ADDRESS

4057 Falls Rd.

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

Huntington Williams, M.D.

Freeland

3818 Roland Ave

100-100000

100-100000

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEATH CERTIFICATE

100-100000



T-326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5173
Registered No.52 5173
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Mrs. Martha M. Totzauer

2. DATE
OF
DEATH

6/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1805 W. Pratt St.

c. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/23/91

9. AGE (in years
last birthday)

60

10 Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Thompson

14. MOTHER'S MAIDEN NAME

Janelda Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Frank Totzauer

ADDRESS

1805 W. Pratt St.

18. 592x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic glomerulonephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1952, to June 2, 1952, that I last saw the
deceased alive on June 2, 1952, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Doris Leggett

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

6-2-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-4-52

24C. NAME OF CEMETERY OR CREMATORY

U.S. Balto National Balto Md

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1011 G. St. M. Walters

ADDRESS

Pratt & Stricker, St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

5012 52

52 5174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5174

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John H. Wickesser Or (Weckesser)

2. DATE
OF
DEATH

May 30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3906 Kimble Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

3906 Kimble Rd

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 18, 1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance Salesman Balto. Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Wickesser

14. MOTHER'S MAIDEN NAME

Susie Schlarf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.
212 03 375

17. INFORMANT

ADDRESS

Mrs. Anna C. Danza, 3906 Kimble Rd

18.

162 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchiogenic Carcinoma

9 Mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-31-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma lower lobe right lung

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936, 19 to 5-30-1952 that I last saw the
deceased alive on 5-28-1952 and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Peake

23B. ADDRESS

4508 Harford Road

23C. DATE SIGNED

6-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Harry F. Kutzke

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

JUN 3-1952

VS 150

45073

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NY 100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

NY 100

3d 100

100



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5175
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles W. Stromberg</i>		2. DATE OF DEATH <i>6-1-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-31</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>338 Maryland Rd.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8-15-1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector - Water Dept.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>59</i> H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Mayland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Clement Stromberg</i>		14. MOTHER'S MAIDEN NAME <i>Bridget Mulcahy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>YES</i>		16. SOCIAL SECURITY NO. <i>W.W. I</i>	
17. INFORMANT <i>Mrs. Marion Stromberg</i>		18. ADDRESS <i>338 Maryland Rd.</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Cardio Vascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>5/31/52</i> <i>11 Months</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Coronary Thrombosis 6/30/51</i>		

19A. DATE OF OPERATION <i>6/1/52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	----------------------------------	--

21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 14*, 19*46*, to *June 1*, 19*52*, that I last saw the deceased alive on *May 31*, 19*52*, and that death occurred at *7* A. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Elmer W. Johnson</i>	23B. ADDRESS <i>3432 Madison Ave</i>	23C. DATE SIGNED <i>6/1/52</i>
---	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>6/4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Fulton Rd</i>
--	----------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Young & Farley</i>	ADDRESS <i>Catonsville Md</i>
---	---	---	----------------------------------

VS 150

210 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5175

52

5175

53



52 5176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5176

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA KEARNEY WRIGHT

2. DATE
OF
DEATH

May 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3907 Forest Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-09

D. STREET ADDRESS (If rural, give location)

3907 Forest Park Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 25, 1885

9. AGE (In years,
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick V. Kearney

14. MOTHER'S MAIDEN NAME

Sarah J. ? Donohoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Howard H. Wright 4106 Groveland Ave.

1B.

151X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cachexia

DUE TO

2 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma - gastric

DUE TO

1 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

3 yrs

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1937, to May 26, 1952, that I last saw the
deceased alive on May 26, 1952 and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

M. D.

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Pk. Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Zecher, Inc. Balt md

VS 150

JUN 5 2 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1950

5

RECEIVED BY MAIL DELIVERED

CERTIFICATE OF DEATH

1950

5



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5177

Registered No. _____

52 5177
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

CONLEY I NELSON

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BEL AIR

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 7, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

JANITOR

10B. KIND OF BUSINESS OR
INDUSTRY

JANITOR - HIGH SCHOOL

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MITCHELL NELSON

14. MOTHER'S MAIDEN NAME

JANE SPENCER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-30-2987

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 560.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Pulmonary Embolus

INTERVAL BETWEEN
ONSET AND DEATH

Instant

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diaphragmatic Hernia

4 yrs.

19A. DATE OF OPERATION

21 MAY 1952

19B. MAJOR FINDINGS OF OPERATION

Bilateral Diaphragmatic Hernia

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1952 to June 2, 1952, that I last saw the
deceased alive on June 2, 1952 and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence Trower

M. O.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

6-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK GROVE CEMETERY

24D. LOCATION (City, town, or county)

HARFORD COUNTY, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOSEPH T. FOSTER

ADDRESS

BEL AIR, MARYLAND.

52 5178

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5178
Registered No.

1. NAME OF DECEASED (Type or Print) Isabella Bennett			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 717 McCabe Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 717 McCabe Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 14, 1883	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bell			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. McFarren, 717 McCabe Avenue		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Dilation Heart DUE TO Myocarditis, Endocarditis DUE TO Anterio-sclerotic C.V. Disease			INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 20 , 19 52 , to June 1 , 19 52 , that I last saw the deceased alive on May 31 , 19 52 , and that death occurred at 5 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Carl H. Bauer		23B. ADDRESS 5111 York Rd		23C. DATE SIGNED 6/2/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/4/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Parkville, Maryland		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

OF THE BUREAU OF THE

INTERNAL SECURITY

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

DATE: 10/10/68

TO: DIRECTOR, FBI

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

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52 5179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5179

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) ERNEST EDWARD WEIDEMEYER2. DATE
OF
DEATH June 1, 19523. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Wyman Park Drive & 31st St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore (Lansdowne) township)C. Length of stay in Baltimore ? Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1 Willow Avenue 5351

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

8/16/84

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Refined Guard

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Govt

11. BIRTHPLACE (State or foreign country)

Balto, Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles B. Weidemeyer

14. MOTHER'S MAIDEN NAME

Esther ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

SAW

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Purulent pericarditis

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Sclerosis

unknown

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1952, to June 1, 1952, that I last saw the
deceased alive on June 1, 1952, and that death occurred at 11:55 PM, from the causes and on the date stated above.

23A. SIGNATURE

E. Converse Parise, M.D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS

VS 150

763 91

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNIT 50

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA

UNIT 50

UNIT 50



W-452
52 5180BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5180

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES WILLINGHAM

2. DATE
OF
DEATH

6-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 25-33

D. STREET ADDRESS (If rural, give location)

2616 Hollins Ferry Rd

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/2/06

9. AGE (In years,

last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Clinton Ga.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

David Willingham Ga

14. MOTHER'S MAIDEN NAME

Hattie Strickland Ga

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiovascular

(C) DUE TO

Disease

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection and inquired from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23. SIGNATURE

Francis J. Januszewski

M.D.

23B. CHIEF MEDICAL EXAMINER

23C. DATE SIGNED

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

6/6/52

24C. NAME OF CEMETERY OR CREMATORY

FEDERATION CEM

24D. LOCATION (City, town, or county)

FEDERATION, GA

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Jackson

ADDRESS

916 Penna Ave

JUN 3 - 1952

VS 151

68399

MARGIN RESERVED FOR BINDING
PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0311 32

0312 32



CERTIFICATE CORRECTED 6-3-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5181

Registered No.

52 5181

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine M Abell

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2002 Park Avenue (17)

C. Length of stay in Baltimore

50 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

4-3-1884

9. AGE (In years last birthday)

68

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Department Store

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Phillip Bray

14. MOTHER'S MAIDEN NAME

Johanna Rohna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Joseph A. Abell 1002 Park Ave

18.

583.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Thrombosis

DUE TO

Hepatitis
Acute Nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1952, to 6-1, 1952, that I last saw the deceased alive on 5 PM, 1952, and that death occurred at 7:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

George Stump

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

6-2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24E. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

Huntington Williams

Amoreau

4510 Liberty Heights Ave.

VS 150

505 20 39865 1 7 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5182

Registered No. _____

52 5182

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Doris Lee

2. DATE OF DEATH **JUN 1 - 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. **592X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *?Chromelonephritis, chronic*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-2-*, 1952 to *6-1-*, 1952 that I last saw the deceased alive on *6-1-*, 1952 and that death occurred at *6:50* am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

Huntington Williams *1303*

VS 150

Presstman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

312 31

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

SEX

AGE

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5183

Registered No. _____

52 5183

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret Virginia Ryan

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1309 Appleby Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

1309 Appleby Avenue

c. Length of stay in Baltimore

55 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 26, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

John A. Merriman

14. MOTHER'S MAIDEN NAME

Adelaide Childs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Otho A. Ryan

ADDRESS

1309 Appleby Avenue

18. **170X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Carcinoma of breast**

DUE TO

(B) **= metastasis**

DUE TO

(C) _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis & Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 2, 1952** to **June 2, 1952**, that I last saw the deceased alive on **June 2, 1952** and that death occurred at **12:15 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE

William G. Helbrick M. D.

23B. ADDRESS

5006 Roland Ave.

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

3631 Falls Road

VS 150

Norace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3612

52

RECEIVED BY THE DIRECTOR OF THE
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NOV 13 1902

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5184

BIRTH NO. 52 5184			1. NAME OF DECEASED (Type or Print) Sarah Taylor			2. DATE OF DEATH 5-30-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1713 Pierce St.			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 1713 Pierce Street		
c. Length of stay in Baltimore			Yrs. Mos. Days			5. SEX F		
6. COLOR OR RACE C			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH 2-25-83		
9. AGE (in years last birthday) 69			10. BIRTHPLACE (State or foreign country) Maryland (Baltimore)			11. CITIZEN OF WHAT COUNTRY? U.S.A.		
12. FATHER'S NAME Samuel Green			13. MOTHER'S MAIDEN NAME Rebecca Gardner			14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		
15. SOCIAL SECURITY NO.			16. INFORMANT Cora Green			ADDRESS 1713 Pierce St.		
18. 444X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 8 hrs.		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Valvular Heart Disease					
ANTECEDENT CAUSES			(B) Hypertension					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct 13, 1951, to May 30, 1952 that I last saw the deceased alive on May 30, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.								
23A. SIGNATURE Douglas Shepperd			23B. ADDRESS 604 N. Fulton Ave			23C. DATE SIGNED 4/2/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 6-4-52			24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		
24D. LOCATION (City, town, or county) Baltimore, Maryland			25. FUNERAL DIRECTOR Charles R. Law			ADDRESS 802 Madison Ave.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 3-1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.					

1952-53
1953-54

1952-53
1953-54



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620

52-5285

52-5185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 52-5285

52-5185

BIRTH NO. 5185

1. NAME OF DECEASED (Type or Print) <i>Margaret E. Perego</i>		2. DATE OF DEATH <i>May 31-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>205 S. Gilman St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>19-03</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) <i>205 S. Gilman St</i>	
c. Length of stay in Baltimore <i>70</i> Yrs. Mos. Days		8. DATE OF BIRTH <i>June 17-1887</i> 9. AGE (In years last birthday) <i>70</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dept. Store</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>William F. Perego</i>		14. MOTHER'S MAIDEN NAME <i>Annie J. Chance</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-01-296</i>	
17. INFORMANT <i>Mr. Harriet Stewart</i>		ADDRESS <i>205 S. Gilman St</i>	
18. I <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO (A) <i>Metastatic Malignancy</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>	
ANTECEDENT CAUSES		(B) <i>Carcinoma of stomach</i> <i>unknown</i>	
DUE TO (C) <i>unknown</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>?</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of stomach</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 5</i> , 19 <i>51</i> , to <i>May 31</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>May 31</i> , 19 <i>52</i> , and that death occurred at <i>11 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Nathan Racurin</i>		23B. ADDRESS <i>206 S. Gilman St.</i>	
23C. DATE SIGNED <i>6-2-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/4/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>		24D. LOCATION (City, town, or county) (State) <i>Bald. Ind</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>	
25. FUNERAL DIRECTOR <i>Geo. L. Beyer</i>		ADDRESS <i>1512 Hollins St</i>	
VS 150		4906C <i>Bald. 23 Ind</i>	

1952

1881

81

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered 52-518652-5186
BIRTH NO. 51-0152.62

1. NAME OF DECEASED (Type or Print) BETTY HARRIS			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1708 Cairo Street 19-01		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH July 8, 1951		9. AGE (In years last birthday) 10
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore, Md. U.S.A.	
13. FATHER'S NAME Leota A. Harris			14. MOTHER'S MAIDEN NAME Martha L. Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. DECEASED'S ADDRESS 1708 Cairo St.			18. CITIZEN OF WHAT COUNTRY? U.S.A.		

18. 391.2 CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

(B) Otitis Media

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. H. H. H.

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

EMPIRE OF HEALTH DEPARTMENT

1900

1900

1900

CAUSE OF DEATH

EMPIRE OF HEALTH DEPARTMENT



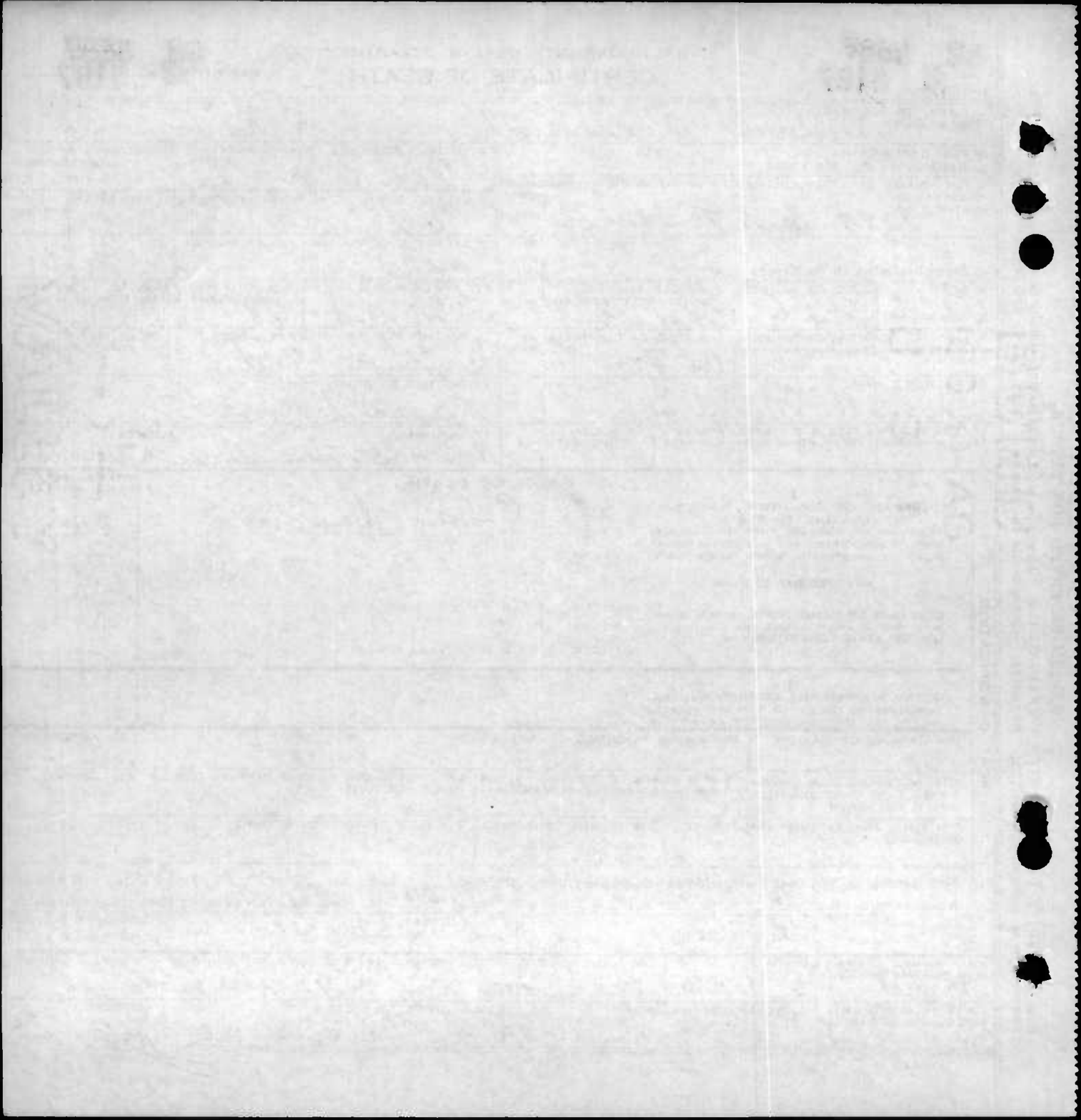
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **5187**

BIRTH NO. **5187**

1. NAME OF DECEASED (Type or Print) <i>Mildred O. Schmidt</i>			2. DATE OF DEATH <i>6-2-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2225 East Biddle St.</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-04</i>		
7. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) <i>2225 East Biddle Street</i>		
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>Feb. 11, 1884</i>	13. AGE (in years last birthday) <i>68</i>	14. Under 1 Year Months: Days
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At Home</i>			16. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		
17. BIRTHPLACE (State or foreign country) <i>Baltimore - Md.</i>			18. CITIZEN OF WHAT COUNTRY?		
19. FATHER'S NAME <i>John R. Minnick</i>			20. MOTHER'S MAIDEN NAME <i>Laura Hooper</i>		
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			22. SOCIAL SECURITY NO.		
23. INFORMANT <i>Ross Winter Schmidt</i>			24. ADDRESS <i>4300 Burger Ave.</i>		

18. <i>157x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer Pancreas</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 mos.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21A. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21B. HOW DID INJURY OCCUR?
22A. TIME (Month) (Day) (Year) (Hour) OF INJURY		22B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
23. I hereby certify that I attended the deceased from <i>Dec. 1951</i> , to <i>June 2, 1952</i> , that I last saw the deceased alive on <i>6-1, 1952</i> and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.		
24A. SIGNATURE <i>David Schneider</i>		24B. ADDRESS <i>1101 N. Winton Ave</i>
24C. DATE SIGNED <i>6-2-52</i>		
25A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25B. DATE <i>6-4-52</i>	25C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>
25D. LOCATION (City, town, or county) (State) <i>Taylor Avenue</i>		
26. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3 - 1952</i>		26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>
26. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		26. ADDRESS <i>2435 E. Oliver St.</i>



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52-5288
52 5188

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sharon Ann Krause

2. DATE
OF
DEATH

June 2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1110 S. Linwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1110 S. Linwood Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto. Md.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

1110 S. Linwood Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

B. DATE OF BIRTH

May 9, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days

24

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mr. W. Krause Jr.

14. MOTHER'S MAIDEN NAME

Thelma Heinrichs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)
none16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. W. Krause 1110 S. Linwood Ave.

18. 296x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) *Seemingly, overwhelming
Viral streptococcal
Blood stream invasion.*(B) *Purpura Haemorrhagica.*(C) *Discussed death with Doctor Fisher
who instructed me to sign certificate*INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 2, 1952, that I last saw the
deceased alive on June 1, 1952, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Allen E. Beehan

23B. ADDRESS

3139 E. Baltimore Ave

23C. DATE SIGNED

May 3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Philip's Herwig 2024 Orleans St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILED
JAN 10 1900
NEW YORK

NAME OF DECEASED

John J. Smith

DATE OF DEATH

Jan 8 1900

PLACE OF DEATH

New York City

CAUSE OF DEATH

Heart Disease

AGE

45

SEX

Male

EDUCATION

High School

RELIGION

Catholic

DATE OF BIRTH

Jan 1 1855

PLACE OF BIRTH

New York City

DATE OF DEATH

Jan 8 1900

METZGER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5289
Registered 52 5189

BIRTH NO. 52 5189

1. NAME OF DECEASED (Type or Print) <i>Bernadette Metzger (Bernadette A. Metzger)</i>			2. DATE OF DEATH <i>June 2, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>24-03</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SOUTH BALTO GEN. HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
C. Length of stay in Baltimore <i>Life -</i>			D. STREET ADDRESS (If rural, give location) <i>1263 BATTERY AVE</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 12, 1918 (34 yrs)</i>		9. AGE (In years last birthday) <i>34 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Harry Hutton</i>			14. MOTHER'S MAIDEN NAME <i>Mary O'Connell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>(P)</i>	17. INFORMANT ADDRESS <i>Kenneth E. Metzger (Husband) Same</i>		

18. <i>585X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>TOXIC CHOLANGITIS</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>GENERALIZED PERITONEAL GRANULOMATOSIS</i>		
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>MAY 15, 1952</i> to <i>JUNE 2, 1952</i> , that I last saw the deceased alive on <i>JUNE 2, 1952</i> and that death occurred at <i>10:35 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>M. C. P. Quinn</i>	23B. ADDRESS <i>1213 1164T ST</i>	23C. DATE SIGNED <i>6-2-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 6, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven Cem.</i>
24D. LOCATION (City, town, or county) (State) <i>Ct. - G. Co., Ind.</i>	25. FUNERAL DIRECTOR ADDRESS <i>G. R. Richards Evans</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3 - 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
VS 150 <i>1400 S. Charles St - Balto. 30, Md.</i>		

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B-653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 5190

BIRTH NO.

52 5190

1. NAME OF DECEASED
(Type or Print)

ANDREW J. Brandenburg

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE B. COUNTY

MD

Barroll

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

SYKESVILLE

D. STREET ADDRESS (If rural, give location)

5600

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University

c. Length of stay in Baltimore

4

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 15, 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

Shelling Station

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Dorsey Brandenburg

14. MOTHER'S MAIDEN NAME

Virginia Phillips

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

7-4-1

17. INFORMANT

Mrs. Della Brandenburg

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident, Left

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive C.V. Disease

yes.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 6-2-52, 19, to 6-3-52, 19, that I last saw the deceased alive on 6-2-52, and that death occurred at 4⁰⁰ A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Mosen

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

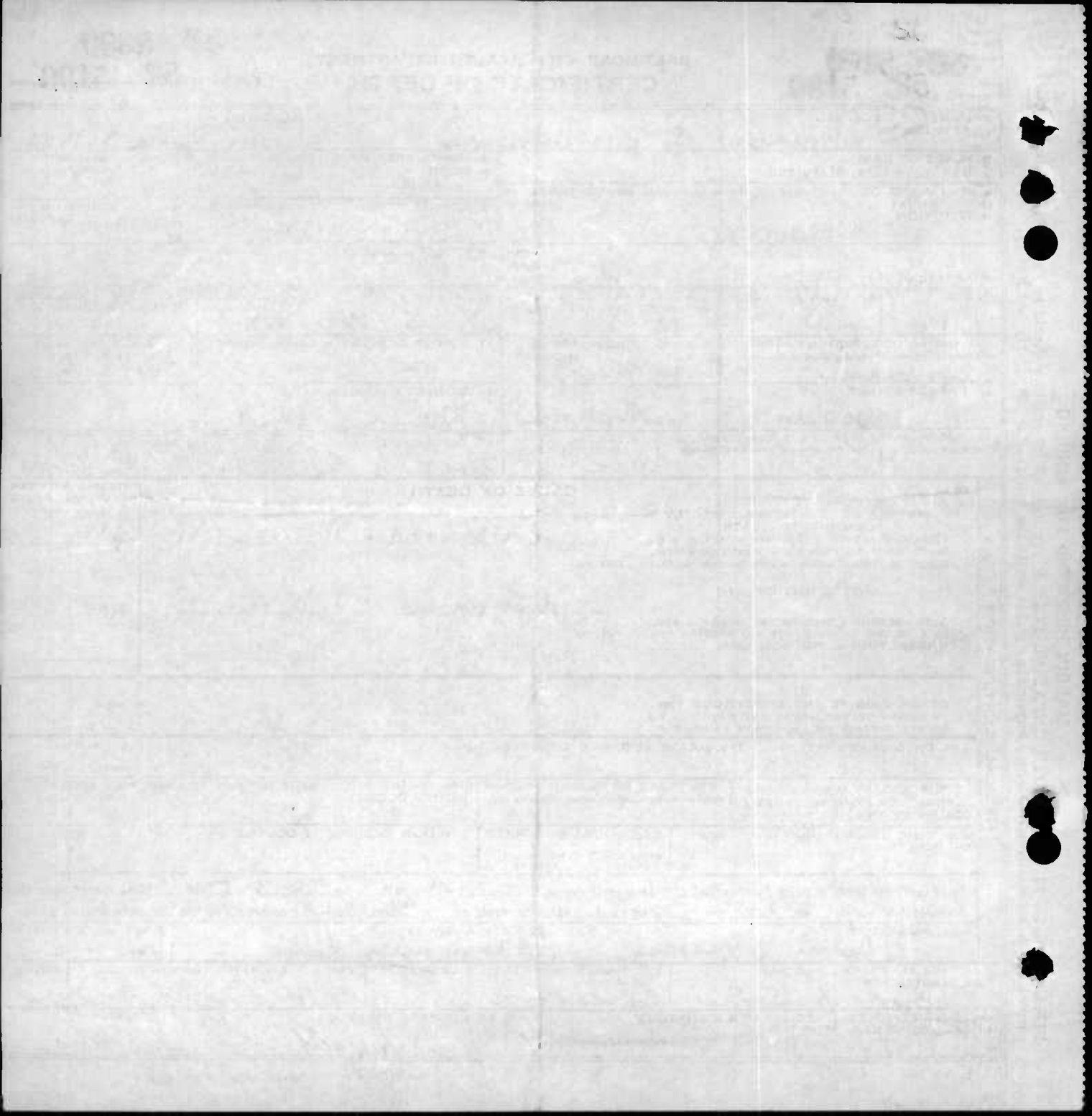
Huntington Williams, M.D.

3106R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully filled in. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5191

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. RICHARDSON

2. DATE
OF
DEATH

JUNE 1 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 27-34

C. Length of stay in Baltimore

55YRS

D. STREET ADDRESS (If rural, give location)

5504 GREENFIELD AVE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG 9 1872

9. AGE (in years
last birthday)

79

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RAILROAD RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

PENNA.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE RICHARDSON

14. MOTHER'S MAIDEN NAME

MARTHA ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

5504 GREENFIELD AVE
LILLIAN M. MARCHESTER

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized arteriosclerosis

9 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

Chronic Myocarditis

5 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from March 10, 1952, to June 1, 1952, that I last saw the
deceased alive on June 1, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Bohner

M. D.

23B. ADDRESS

4930 Belair Rd

23C. DATE SIGNED

June 2, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 3 1952

24C. NAME OF CEMETERY OR CREMATORY

MORFELAND MEMORIAL CEM.

24D. LOCATION (City, town, or county)

TAYLOR AVENUE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Doppel Bldg.

ADDRESS

7110 BELAIR ROAD

JUN 3 - 1952

DR. LACHMAN

2155 1135



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 52 5192

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA TWigg

2. DATE
OF
DEATH

6.1.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1528 Light St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 23-02

D. STREET ADDRESS (If rural, give location)

1528 Light St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

3.8.1861

9. AGE (In years
last birthday)

91

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JESSE

14. MOTHER'S MAIDEN NAME

SARAH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Family - Same

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Arterio sclerotic heart
disease.

DUE TO

Feb. 12,
1944.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/1944 19, to 6/1/52, 19, that I last saw the
deceased alive on 5/31/52, and that death occurred at 10 "m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Beebe

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6.5.52

24C. NAME OF CEMETERY OR CREMATORY

Roxville

24D. LOCATION (City, town, or county)

Roxville, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

130 E. Fort Ave.

ADDRESS

12-12-12



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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52-5194**

BIRTH NO. **52-5194**

1. NAME OF DECEASED (Type or Print) AUGUST DI DOMENICO			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2901 Gibbons Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2901 Gibbons Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 20, 1876	9. AGE (in years last birthday) 75	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Santo Di Domenico			14. MOTHER'S MAIDEN NAME Jennie Casale		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-01-8775	17. INFORMANT ADDRESS Mrs. Rose Di Domenico 2901 Gibbons		

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Renal disease		CAUSE OF DEATH Arteriosclerotic Cardiovascular Renal disease	INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO _____	
(C) _____ DUE TO _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION Dec. 1950		19B. MAJOR FINDINGS OF OPERATION Embolic popliteal artery, right. Amputation right leg		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 22, 1944 , to June 1, 1952 , that I last saw the deceased alive on June 1, 1952 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Salerno M D		23B. ADDRESS 6217 Harford Rd		23C. DATE SIGNED 6/2/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/4/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams M.D.	25. FUNERAL DIRECTOR ADDRESS Joseph J. Ruck, 5305 Harford Road.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5195

BIRTH NO. 52 5195

1. NAME OF DECEASED (Type or Print) SOPHIA M. LOESSEL			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1500 E. 29th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1500 East 29th Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 3, 1876	9. AGE (in years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Ellinghaus			14. MOTHER'S MAIDEN NAME Julia Heiser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Wm. F. Moore, 1500 E. 29th St.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Acute coronary infarct Ch. H. hypertension DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5/31, 1952, to 6/1, 1952, that I last saw the deceased alive on 6/1, 1952 and that death occurred at 8A m., from the causes and on the date stated above.					
23A. SIGNATURE Wich Hornstein		M. D.	23B. ADDRESS 2048 E. 3rd St		23C. DATE/SIGNED 6/2/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/4/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS J. J. Reck, 5305 Harford Road		

Dr. Hornstein
204 E. Biddle St.

M-26152 5196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52-5296
52 5196

BIRTH NO.

52-5296

52-13041

1. NAME OF DECEASED
(Type or Print)

McGreevy, Baby Boy

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2 Patuxent Avenue

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 2, 1952

9. AGE (in years last birthday)

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

13. FATHER'S NAME

Franklin Gilbert McGreevy

14. MOTHER'S MAIDEN NAME

Reba Baumgardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Immaturity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952 to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 - 1952

Huntington Williams, M.D.

L. J. Ruck

5305 Wayford Rd

1911
1912
1913

CERTIFICATE OF DEATH

1914

1915



PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM CLIFFORD HARRISON

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

US Public Health Service
Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

1811 Glen Ridge Road

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/11/45

9. AGE (In years
last birthday)

6

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

H. School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Carlton Harrison

14. MOTHER'S MAIDEN NAME

Betty Grace White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Balto, Md.

18. 204.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Leukemia, acute

DUE TO

Approx.

7 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Mar. 30, 1952 to June 2, 1952 that I last saw the deceased alive on June 2, 1952 and that death occurred at 6:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D.W. Patrick, Medical Officer in Charge

US PHS Hospital, Balto, Md.

6/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

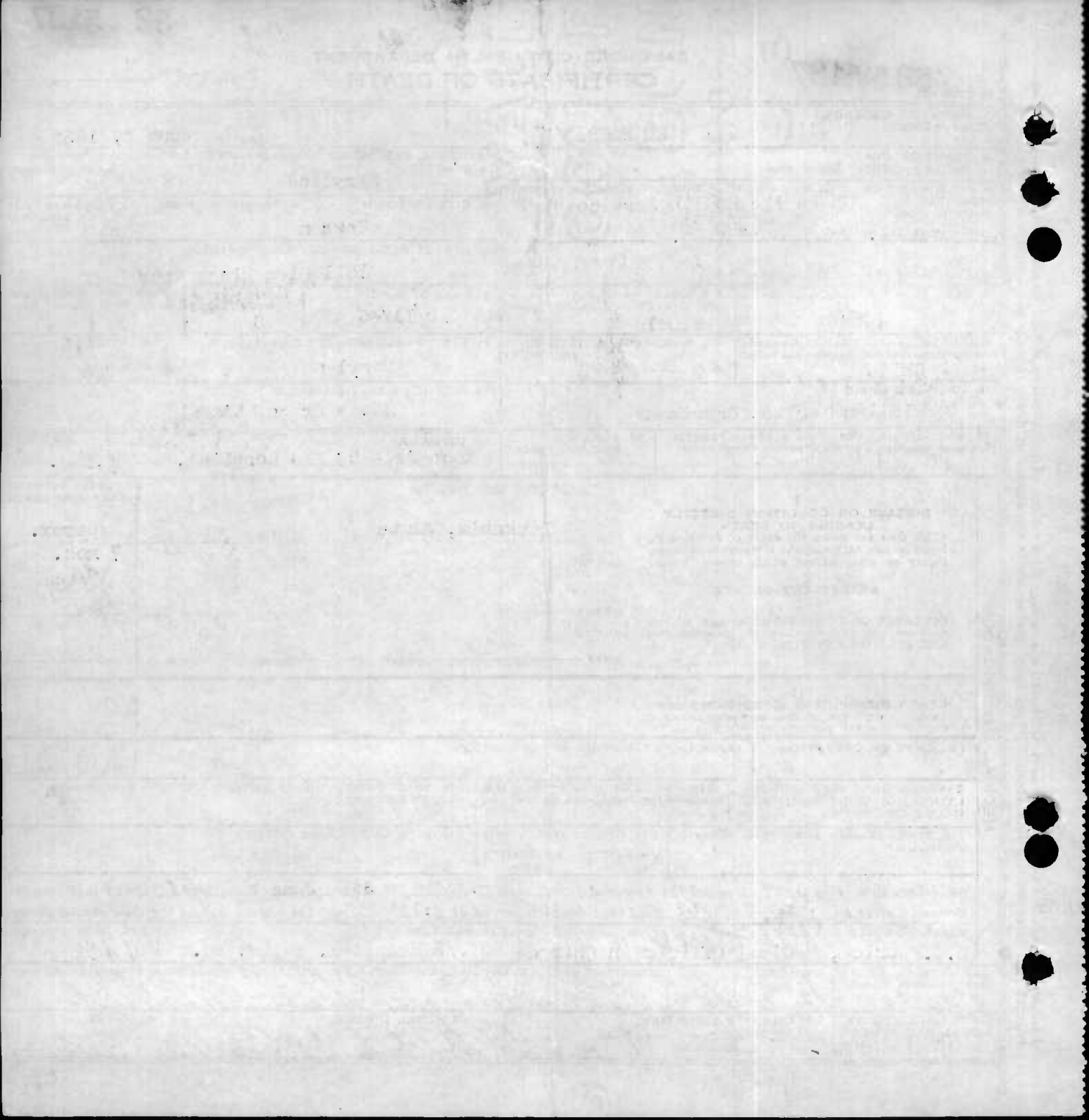
ADDRESS

JUN 3 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLESE. DENSEL

2. DATE
OF
DEATH

May 31, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Pennsylvania York

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

York

D. STREET ADDRESS (If rural, give location)

539 S. Court St

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE. MARRIED.
WIDOWED. DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 29, 1913

9. AGE (In years
last birthday)

38

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

York, Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Densel

14. MOTHER'S MAIDEN NAME

Mary Logeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E802X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Compound crushing injury of abdomen

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

RAIL ROAD TRACK

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

UNDER NORTH AVE. BRIDGE + FAULT.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 31, 1952

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

RUN OVER BY TRAIN

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duregoshen M.D.

23B. CHIEF MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1952

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1952

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N863.2

97099

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES J. JONES		35		M		W		JAN 15 1885		NEW YORK CITY	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
1234 5th Ave		Clerk		Heart Disease		Natural		JAN 20 1920		NEW YORK CITY	
FATHER		MOTHER		SPOUSE		CHILDREN		EDUCATION		RELIGION	
JAMES J. JONES		MARY J. JONES		JANE J. JONES		JOHN J. JONES		High School		Roman Catholic	
DATE OF INTERMENT		PLACE OF INTERMENT		NAME OF MINISTER		NAME OF CLERGYMAN		NAME OF CHURCH		NAME OF FUNERAL HOME	
JAN 22 1920		CATHOLIC CHURCH		JAMES J. JONES		JOHN J. JONES		CATHOLIC CHURCH		JAMES J. JONES	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5199

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Schoolkopf, Dorothy Henrietta

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Phoenix

D. STREET ADDRESS (If rural, give location)

Jarrettsville Pike

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 14, 1893

9. AGE (In years last birthday)

59

10 Under 1 Year
Months: Days:11 Under 24 Hours
Hours: Min:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland, Baltimore County

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles H. Ischnock

14. MOTHER'S MAIDEN NAME

Lena R. Rider

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Ernest W. Schoolkopf - Phoenix, Md.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic nephritis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1952, to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 7:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Brunando Saavedra

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

June 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 4, 1952

24C. NAME OF CEMETERY OR CREMATORY

Chestnut Grove Cem. Jacksouville, Balto Co., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. John Burns' Sons, Towson, Md.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

955 2000 5196

FORM 88

FORM 88



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula Paledma

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

717 E. Chase St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-29-78

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Smithson

14. MOTHER'S MAIDEN NAME

Anna Oughton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

2 wks

DUE TO

Hypertensive cardiovascular Disease

2 YRS

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

NO Accident

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1952, to 6-3, 1952 that I last saw the deceased alive on 6-3, 1952 and that death occurred at 6:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Van Meter, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-6-52

24C. NAME OF CEMETERY OR CREMATORY

ST. PAUL

24D. LOCATION (City, town, or county)

NORRISVILLE, HARFORD CO.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Kenneth W. DeBarn, Stewarttown Rd.

ADDRESS

000000

CERTIFICATE OF DEATH

000000

Blank certificate form with horizontal lines for text entry.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ANNA M. BARRETT2. DATE
OF
DEATH6/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION60 S. Monastery AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE 20-07

C. Length of stay in Baltimore

73 yrs

D. STREET ADDRESS (If rural, give location)

60 S. Monastery Ave 29

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

Feb. 24, 18799. AGE (In years
last birthday)73

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)housewife10B. KIND OF BUSINESS OR
INDUSTRYdomestic

11. BIRTHPLACE (State or foreign country)

Balto, Md.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

John Grady

14. MOTHER'S MAIDEN NAME

Lena Richards15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Barrett, (same)18. 420.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Crown occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Essential

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes MellitusINTERVAL BETWEEN
ONSET AND DEATH1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to June 2, 1952 that I last saw the
deceased alive on June 1, 1952 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

McCollum

M. D.

23B. ADDRESS

3321 Freedom Ave

23C. DATE SIGNED

6/3/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/4/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRARJUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Edw. J. MacRabbs Jr.Catonsville, Md.

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1938

George Washington
1900-1938

52 5202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5202

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Reverend John Carroll Moore

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *848 Hollins St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE *Maryland*

B. COUNTY (before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore*D. STREET ADDRESS (If rural, give location)
848 Hollins Street

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 3, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Orlando Moore, Sr.

14. MOTHER'S MAIDEN NAME

Mary Jane Carmody

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Orlando Moore, Jr. 1624 Abbott Street

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Thrombosis*
DUE TO*Sudden*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Cerebral Artery Disease*
DUE TO*2 years*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept*, 1950 to *June 2*, 1952, that I last saw the
deceased alive on *May 7*, 1952, and that death occurred at *12:45 AM.*, from *the causes and on the date stated above.*

23A. SIGNATURE

John P. Delbeck Jr.

23B. ADDRESS

1227 Washington Blvd

23C. DATE SIGNED

*6-3-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

*Baltimore, Maryland.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. H. Means & Son - 805 N. Calvert St

JUN 4 - 1952

5002 32

RECEIVED BY THE DEPARTMENT OF HEALTH

5002

CERTIFICATE OF DEATH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5203		BALTIMORE CITY HEALTH DEPARTMENT		52 5203	
BIRTH NO.		HENRY MCKENNEY		Registered No.	
1. NAME OF DECEASED (Type or Print)		HENRY Mc Kenney HARRY Mc Keeney-		2. DATE OF DEATH 6-2-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		11-04	
D. STREET ADDRESS (If rural, give location) 471 Cummings Court		c. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1896	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (State or foreign country) South Carolina	
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME David McKenney		14. MOTHER'S MAIDEN NAME Annie Clinton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Anna McKenney 471 Cummings Ct	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2-52 to 6-2-52, that I last saw the deceased alive on 6-2-52, and that death occurred at 10:45 Am., from the causes and on the date stated above.					
23A. SIGNATURE H. H. H.		23B. ADDRESS University City		23C. DATE SIGNED 6-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-5-52		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) Baltimore Co., Md.		24E. FUNERAL DIRECTOR Huntington Williams		24F. ADDRESS 578 W. Bi ddle	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	

97099

8155 87

STATION 10 STATION 10

[Faint, mostly illegible text covering the page, possibly bleed-through from the reverse side. Some words like "STATION" and "STATION 10" are visible.]



52 5204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5204

Registered No. _____

BIRTH NO. _____

I. NAME OF DECEASED
(Type or Print)

JOSEPH POZYCKI

2. DATE
OF
DEATH

6/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md. Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Merry Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Linthicum 5200

D. STREET ADDRESS (If rural, give location)

501 Forest View Rd.

c. Length of stay in Baltimore

2 weeks

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 19, 1889

9. AGE (In years,
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Pozyski

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

also

14. MOTHER'S MAIDEN NAME

Katharine Wisniewski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Mary A. Pozyski, Linthicum Hgts.

ADDRESS

18. 151X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1952, to June 2, 1952, that I last saw the
deceased alive on June 2, 1952, and that death occurred at 8:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Perilla

M. D.

23B. ADDRESS

Merry Hosp

23C. DATE SIGNED

June 2

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1952

Huntington Williams, M.D.

R. V. Singleton

Glen Burnie

NOV 25

RECEIVED
CENTRAL BANK OF AMERICA

NOV 25



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5205**

52 5205
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH FRANKLIN LOWMAN			2. DATE OF DEATH June 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Odenton		
c. Length of stay in Baltimore 7 weeks			D. STREET ADDRESS (If rural, give location) New Telegraph Road		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/1/88		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Post Utilities Ft. Meade	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Matthis Lowman			14. MOTHER'S MAIDEN NAME Isabell Redmiles		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 213-18-0884	17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.		

18. 161 x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Larynx with wide spread metastases.		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Apr. 8**, 1952 to **June 2**, 1952, that I last saw the deceased alive on **June 2**, 1952, and that death occurred at **2:50P** m., from the causes and on the date stated above.

23A. SIGNATURE S. Converse Pence	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 6/2/52
--	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 5, 1952	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS R. J. Singleton, Glen Burnie
---	---	---

57491

MARGIN RESERVED FOR BINDING

RGH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Date of Death	
Place of Birth		Usual Residence		Cause of Death		Manner of Death		Time of Death	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Burial Officer		Signature of Witness	
Signature of Minister		Signature of Undertaker		Signature of Funeral Home		Signature of Cemetery		Signature of Burial	

VALID
COPY

52 5206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5206

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James J. Flood

2. DATE
OF
DEATH

June 4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

349 S. Monroe St

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

349 S. Monroe St

c. Length of stay in Baltimore

15 yrs

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 4, 1911

9. AGE (In years last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Worker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Flood

14. MOTHER'S MAIDEN NAME

Hazel Beyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

152 05 8106

17. INFORMANT

ADDRESS

Mrs. Helen Flood, 349 S. Monroe St

18. 289.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Rheumatoid arthritis 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

amyloidosis (general) 2 mos

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

renal

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20/19, to 6/8/52, that I last saw the deceased alive on 6/8, 1952, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin W. Miller

23B. ADDRESS

2030 Wilkins Ave

23C. DATE SIGNED

6/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

June 4/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Richmond, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. / Mary White

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

JUN 4 - 1952
VS 150

SPR 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

2030
will.

CERTIFICATE OF DEATH

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52 5207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5207

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROBERT SIGAFOOSE

2. DATE
OF
DEATH

6-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION

Bon Secours Hospital

D. STREET ADDRESS (If rural, give location)

433 S. PARISH ST.

C. Length of stay in Baltimore

10 YRS - 5 mo.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE. MARRIED.
WIDOWED. DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-25-41

9. AGE (In years last birthday)

10

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Student

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Sigafoose

14. MOTHER'S MAIDEN NAME

THELMA FEATHERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles B. Sigafoose, 433 S. Parish St

18. 593X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Glomerulo - Nephritis

2 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-21, 1952 to 6-4, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Mendel

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

6-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June /52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1952

Huntington Williams, M.D.

Harry J. Kistner

4101 Edmondson Ave.

VS 150

1096 52



PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G-150

52 5208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5208

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Frances M. Gibbon		2. DATE OF DEATH June 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY none		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1812 Sulgrave Ave.		D. STREET ADDRESS (If rural, give location) 1812 Sulgrave Ave.		6. Length of stay in Baltimore 37 Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 28, 1856	9. AGE (In years last birthday) 95	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Point, N. Y.	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME John Gibbon		14. MOTHER'S MAIDEN NAME Fanny Moale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Bancroft Hill - 1812 Sulgrave Ave.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal bronch-pneumonia DUE TO Generalized Arteriosclerosis		CAUSE OF DEATH Terminal bronch-pneumonia Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to June 1, 1952 , that I last saw the deceased alive on June 1, 1952 , and that death occurred at 11:40 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE William G. Helbeck		23B. ADDRESS 5006 Roland Ave.		23C. DATE SIGNED 6 - 4 - 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6 - 5 - 52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	

1997

30

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

WILSON'S HILL, N. H. 1997

52 5209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5209
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE MAE JOYZA

2. DATE
OF DEATH May 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township

D. STREET ADDRESS (If rural, give location)

209 N. High Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done durlog most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ruptured aneurysm of circle of Willis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Subarachnoid hemorrhage

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
May 22, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 4, 1952

Mt. Carmel

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 - 1952

Huntington F. W. [Signature]

Lilly & Zeiler Inc. 403 S. Wolfe St.

0050

50

0050



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5210**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ilda May Miskimon

2. DATE OF DEATH

6-2-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION

708 S. Linwood Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto - Md - 1-01

D. STREET ADDRESS (If rural, give location)

708 S. Linwood Ave

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-9-68

9. AGE (in years last birthday)

83

If Under 1 Year Months: Days: Hours: Min.

5 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Balto -

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Phillips

14. MOTHER'S MAIDEN NAME

Wilhelmina

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Arthur Miskimon - same

18. *443 X and E 903.5*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Degeneration

INTERVAL BETWEEN ONSET AND DEATH

6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis - Hypertension

CERTIFICATION APPROVED BY

S. H. ...

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

+ fracture Left + tibia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

at Linwood & Jackson

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

approx. May 2-1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

fell vs. pavement

22. I hereby certify that I attended the deceased from *April 1 - 1952*, to *June 2, 1952* that I last saw the deceased alive on *June 2, 1952* and that death occurred at *10 P* m., from the causes and on the date stated above.

23A. SIGNATURE

D. H. ...

23B. ADDRESS

1710 E. 33rd St

23C. DATE SIGNED

6-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-6-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Baltimore - Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Lilly & Lilly, Inc. 403 S. W. 4th St.

ADDRESS

VS 150

N 821.0

99520015

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5211

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE MATTHEWS

2. DATE
OF
DEATH

6-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore 27 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept.-16-1909

9. AGE (in years last birthday)

42

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Norfolk Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Mathews

14. MOTHER'S MAIDEN NAME

Margaret Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edema

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-1952 to 6-1-1952, that I last saw the deceased alive on 6-1-1952, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Motesall

M. D.

23B. ADDRESS

University Hoptl

23C. DATE SIGNED

6-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/4/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Arbutus Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Bently ave

ADDRESS

VS 150

7208A

MEDICAL CERTIFICATION

UNFADING INK.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

Every item of information should be carefully checked. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE CORRECTED

6-9-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 5212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George B Stewart

2. DATE
OF
DEATH

June 3/5-2

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Md.

B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rockdale - Md.

D. STREET ADDRESS (If rural, give location)

3609 Marriott Lane

c. Length of stay in Baltimore

LIFE

5. SEX

male

6. COLOR or RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 22 - 1896

9. AGE (In years last birthday)

56 57

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

Paper Route Newspapers

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Melvin Stewart

14. MOTHER'S MAIDEN NAME

Rachael Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

213-10-9019

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intra cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2 1952 to 6/3 1952, that I last saw the deceased alive on 6/3 1952 and that death occurred at 9:18 m., from the causes and on the date stated above.

22A. SIGNATURE

Thomson William M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 6-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edgewood Armacost

ADDRESS

4600 Liberty Heights Ave

VS 150

460 4/4

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

1915

1915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

SEX

PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert B. Anderson

2. DATE
OF
DEATH

6/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

406 So. Smallwood St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

406 So. Smallwood St.

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1/26/1868

9. AGE (In years

last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

For Self

11. BIRTHPLACE (State or foreign country)

Columbia S.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. Anderson

14. MOTHER'S MAIDEN NAME

Sarah E. Straley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs Edna M. Helm

ADDRESS

406 So. Smallwood St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Insufficiency & days
Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Senility

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 30, 1951, to June 3, 1952, that I last saw the
deceased alive on June 2, 1952, and that death occurred at 10:4 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Krimmoch

23B. ADDRESS

1934 Wilkens Ave

23C. DATE SIGNED

JUN 4 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/6/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem

24D. LOCATION (City, town, or county)

3801 Fredericks Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

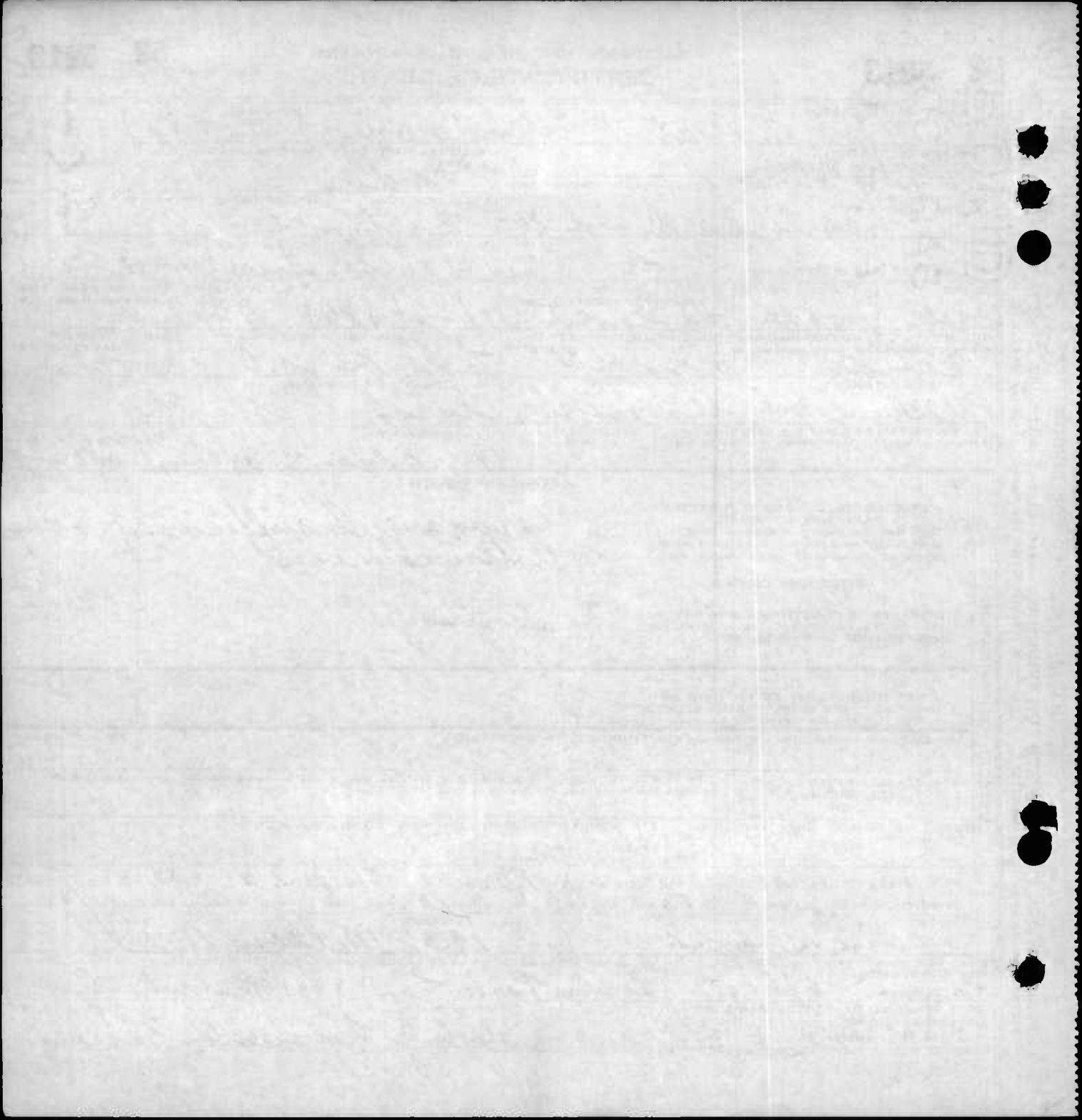
25. FUNERAL DIRECTOR

John J. Cowan & Son 2911 St.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5214
Registered No.

BIRTH NO. 5214

1. NAME OF DECEASED (Type or Print) ERNEST WILLIAMS		2. DATE OF DEATH June 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plymouth	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 114-W. Main St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April-19-1928
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army		10B. KIND OF BUSINESS OR INDUSTRY Service Man	9. AGE (In years last birthday) 24
13. FATHER'S NAME Unknown - deceased		11. BIRTHPLACE (State or foreign country) Breelaw - Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes (If give war or dates of service) Active Row		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Gwenne Williams	
17. INFORMANT Records - Camp Meade		ADDRESS	

18. E823.4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Traumatic rupture of liver		
ANTECEDENT CAUSES		(B) Peritoneal hemorrhage		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 1 near Dorsey 5200
21D. TIME (Month) (Day) (Year) (Hour) June 3, 1952 2:45 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? struck tree Driver of auto which ran off road and
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William V. Lovett</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 3, 1952

24A. REMOVAL (Specify) Removal		24B. DATE June 4-1952		24C. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24D. LOCATION (City, town, or county) (State) Wilkes-Barre - Penn.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Earl B. Whitworth</i>		ADDRESS 403-E-25th St., Baltimore-18, Md	

V S 151

N 864.2

59591

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully explained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1952 92

DATE OF BIRTH

1952 92

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5215

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) (Mellie) Mary Catherine Marshall

2. DATE OF DEATH June 2, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 3101 Windsor Ave.,C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3101 Windsor Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 15, 1877

9. AGE (in years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob Weller

14. MOTHER'S MAIDEN NAME

Maria Souders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Miss Hattie G. Miller 3101 Windsor Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis Cardiovascular 10 yrs. disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950, to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorene Robinson

23B. ADDRESS

M. C.

2835 Gwy 445 Falls Pkwy

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Stone Bridge Cem.

24D. LOCATION (City, town, or county)

Washington Co.,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

G. Howard Strong

ADDRESS

3207 W. North Ave.,

2157 22

W Daniel R. Robinson

2835 Grogans Falls Parkway
LO. 8984

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5216**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie E. Alexander

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1730 Ellamont St.,

O. STREET ADDRESS (If rural, give location)
1730 Ellamont St.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Nov. 15, 1880

9. AGE (in years, last birthday)

71

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Hochschild-Kohn

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francis Alexander

DEPT STONE

14. MOTHER'S MAIDEN NAME

Caroline Cosgrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss Elizabeth Alexander 1730 Ellamont St.

18. **422.1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

about 5 hrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WRITE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1947**, 19**47**, to **June 3**, 19**52**, that I last saw the deceased alive on **June 2**, 19**52**, and that death occurred at **1030 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Thelma D. Wright

M. O.

23B. ADDRESS

2920 Harrison Blvd

23C. DATE SIGNED

June 4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-6-1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 150

4906C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

RISE

8

2518

(Gordon's name)
William's name

~~~~~

~~~~~

James

John & John

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

R-130
52Z-222
52Z-5217

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5217**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN RABBIT

2. DATE
OF
DEATH

June 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland (**Zajackowski**)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore, 241-01

D. STREET ADDRESS (If rural, give location)

733 S. Linwood Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

3-15-1892

9. AGE (In years last birthday)

60

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Die feller

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander Rabbit

14. MOTHER'S MAIDEN NAME

Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W.I

16. SOCIAL SECURITY NO.

213-05-2273

17. INFORMANT

Mrs. Rose Rabbit

ADDRESS

18. **450.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple emboli.**

14 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO **Arterial fibrillation**

(B) **Myocardial infarction**

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Embolus, left leg.

3 wks.

19A. DATE OF OPERATION

May 22, 1952

19B. MAJOR FINDINGS OF OPERATION

Embolus, left leg.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 17**, 19**52**, to **June 1**, 19**52**, that I last saw the deceased alive on **June 1**, 19**52**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

June 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county) (State)

Dundalk Ave. Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

JUN 4 - 1952

Hartington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Sluda, Inc. 2829 Hudson St.

1957

INSTITUTE OF THE CITY OF NEW YORK

OFFICE OF THE COMMISSIONER OF EDUCATION

1957



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5218**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHESTER BROWN

2. DATE
OF
DEATH

**June 2, 1952
4:50 P.M.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE **Baltimore - Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **Little Sisters of the Poor**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 4, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chamber

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alexander Brown

14. MOTHER'S MAIDEN NAME

Mary Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterio Sclerosis

3 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 3, 1952** to **June 2, 1952** that I last saw the deceased alive on **June 2, 1952** and that death occurred at **4:50 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

June 3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 5/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

JUN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Willis W. Redfield 900 E. Biddle St

ADDRESS

VS 150

57424

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The case is especially important. Physicians: please use of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applicable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5219

BIRTH NO. 5219

1. NAME OF DECEASED
(Type or Print)

Percey

Clements

2. DATE
OF
DEATH

MAY 26 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Charles

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Pomfret

5800

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

?

8. DATE OF BIRTH

1869

?

9. AGE (In years
last birthday)

83

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Say

11. BIRTHPLACE (State or foreign country)

Charles Co

12. CITIZEN OF
WHAT COUNTRY?

M.D.

13. FATHER'S NAME

Arvin Clements

14. MOTHER'S MAIDEN NAME

Laura Cally

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of Rt hip.

INTERVAL BETWEEN
ONSET AND DEATH

6 weeks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

CERTIFICATION APPROVED BY

William G. Gandy M. D.
CHIEF OR ASSIST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

4-5-52

19B. MAJOR FINDINGS OF OPERATION

Intertrochanteric Fracture Rt hip

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Home Pomfret, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

4-2-52

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell to floor at home.

22. I hereby certify that I attended the deceased from 4-2-1952 to 5-26-1952 that I last saw the deceased alive on 5-26-1952 and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Gandy

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-28-52

24C. NAME OF CEMETERY OR CREMATORY

St Joseph

24D. LOCATION (City, town, or county)

Pomfret Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

5-28-52

REGISTRAR'S SIGNATURE

W. L. Gandy

25. FUNERAL DIRECTOR

W. L. Gandy

ADDRESS

JUN 4 1952

N 820.0

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PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

324

REA-159517

BALTIMORE CITY HEALTH DEPARTMENT

52 5220 02-118 79 CERTIFICATE OF DEATH

Registered No. 52 5220

1. NAME OF DECEASED (Type or Print) Baby Boy Mitchell-Lossie "B"			2. DATE OF DEATH May 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 1603		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 649 N. Fulton Ave.-17		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Twin "B"	8. DATE OF BIRTH May 27, 1952	9. AGE (in years last birthday) 2	10. Under 1 Year Months: 2 Days: 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ma.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Abram Mitchell			14. MOTHER'S MAIDEN NAME Lossie Phillips		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Prematurity INTERVAL BETWEEN ONSET AND DEATH Life		
19A. DATE OF OPERATION 5-29		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-27 , to 5-29 , 19 52 , that I last saw the deceased alive on 5-29 , 19 52 , and that death occurred at 8:10A m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Cohen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-2-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6-2-52		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

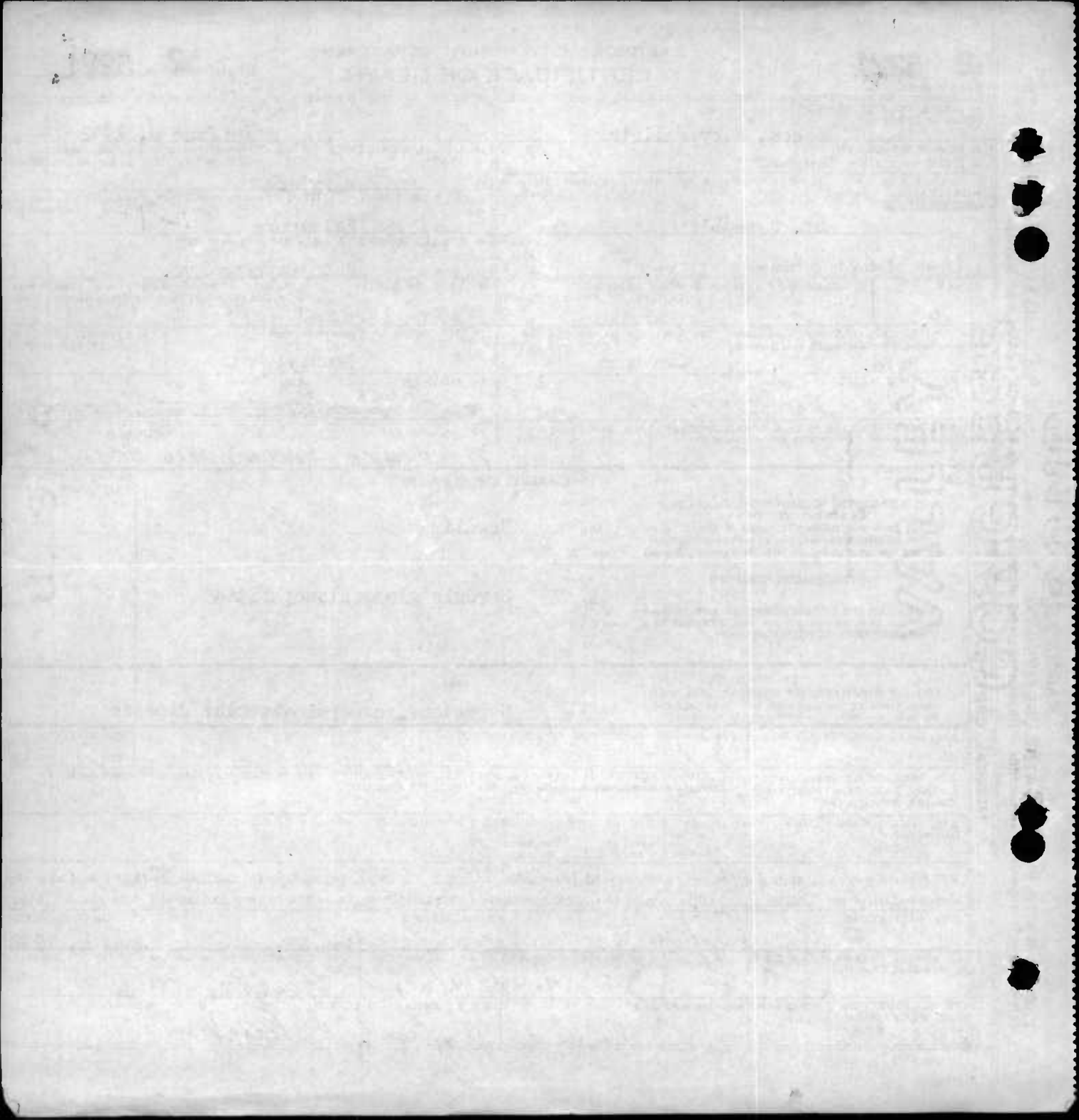
5217

200
52 5221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5221

1. NAME OF DECEASED (Type or Print) <u>Sacco, Mary Felicia</u>			2. DATE OF DEATH <u>June 4, 1952</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>11 yr.</u>			D. STREET ADDRESS (If rural, give location) <u>2806 Bayonne Ave.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-19-1902</u>	9. AGE (in years last birthday) <u>49</u>	10. Under 1 Year: Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwife.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>RALPH LA MORTE</u>			14. MOTHER'S MAIDEN NAME <u>ROSE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>MR. FRANK SACCO - 2806 BAYONNE AVE</u>	17. INFORMANT ADDRESS <u>MR. FRANK SACCO - 2806 BAYONNE AVE</u>		
18. <u>592x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic glomerulonephritis</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Hypertensive cardiovascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 20</u> , 1952, to <u>June 4</u> , 1952, that I last saw the deceased alive on <u>June 4</u> , 1952, and that death occurred at <u>4:00p m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. R. Coffey Jr.</u>		23B. ADDRESS <u>1100 W. Caroline St.</u>		23C. DATE SIGNED <u>June 4, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>6-7-52</u>		24B. DATE <u>6-7-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>ST. KATHERINE-CEM</u>	
24D. LOCATION (City, town, or county) <u>MOSCOW. PA</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 4 - 1952</u>		24F. REGISTRAR'S SIGNATURE <u>Huntington Wilkins</u>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 4 - 1952</u>		24H. REGISTRAR'S SIGNATURE <u>Huntington Wilkins</u>		24I. FUNERAL DIRECTOR <u>Leonard J. Reuck</u>	
24J. ADDRESS <u>VS 150</u>		24K. ADDRESS <u>VS 150</u>		24L. ADDRESS <u>VS 150</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5222

BIRTH NO. 52 5222 2-10933

1. NAME OF DECEASED
(Type or Print)

Baby Bay Jones

2. DATE
OF
DEATH

May 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

H L H Press

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

313 N. Central Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5-16-52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Evyonne Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18.

776x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Prematurity

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1952, to 5-20, 1952 that I last saw the
deceased alive on 5-20, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Salomon Cohen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hospital Disposed 5 21 9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5223

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest H. Sparks

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

127 S. Bouldin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

127 S. Bouldin St.

c. Length of stay in Baltimore

? ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 11, 1872

9. AGE (In years last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired (Watchman)

10B. KIND OF BUSINESS OR INDUSTRY

Crown, Cork & Seal

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward A. Sparks

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

?

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Ernest A. Sparks 127 S. Bouldin St.

18. 443X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension - Var. degree

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952 to June 2, 1952 that I last saw the deceased alive on June 1st, 1952 and that death occurred at 4 pm., from the causes and on the date stated above.

23A. SIGNATURE

Joseph R. Sparks

M. D.

23B. ADDRESS

1011 N. Charles St.

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24d. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balto. St.

VS 150

9520005220

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully and legibly written. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1955

81

5504



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5224

BIRTH NO. 52 5224

1. NAME OF DECEASED (Type or Print) <i>Wright, John Edward ELBERT</i>			2. DATE OF DEATH <i>6/3/52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>University of Md Hosp</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD</i> b. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>University of Md Hosp Redwood's Green</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2916 Liberty Parkway Dundalk #22 md</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>2916 Liberty Parkway Dundalk #22 md</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>JAN 6-1952</i>	9. AGE (In years last birthday) <i>48</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sparrows H. Police Dep.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Police Dept</i>	11. BIRTHPLACE (State or foreign country) <i>CUMBERLAND MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>SHUTTARD</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>GUY KLINE 7604 MORNINGTON</i>	

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary Thrombosis</i>	<i>?</i>
ANTECEDENT CAUSES	(B) <i>Angina Pectoris</i>	<i>3 wks.</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>6-3-1952</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6-3-1952* to *6-3-1952*, that I last saw the deceased alive on *6-3-1952*, and that death occurred at *2:15 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John B. Bassard</i>	23B. ADDRESS <i>M. D. Helein Hosp. Baltimore</i>	23C. DATE SIGNED <i>6-3-52</i>
--	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>June 6, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 5 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Willard Funeral Home 2112 Dundalk Ave.</i>	

VS 150

773 3U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1882

1883

1884

1885

1886

1887

1888

1889

1890



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 5225

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul H. Smith

2. DATE

OF DEATH June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6111 Glen Oak Ave.,

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY 27-05

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

6111 Glen Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July, 10, 1882

9. AGE (in years, last birthday)

69

If Under 1 Year: Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Pratt library

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John H. Smith

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 502.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Degeneration 1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Branchitis Chronica 5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 15-19, to June 2nd, 1952, that I last saw the deceased alive on June 1st, 1952, and that death occurred at 12:30 m. from the causes and on the date stated above.

23A. SIGNATURE

H. H. Hermann

23B. ADDRESS

1710 E. 33rd St

23C. DATE SIGNED

6-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ulrich Funeral Home-2008 Orleans St.

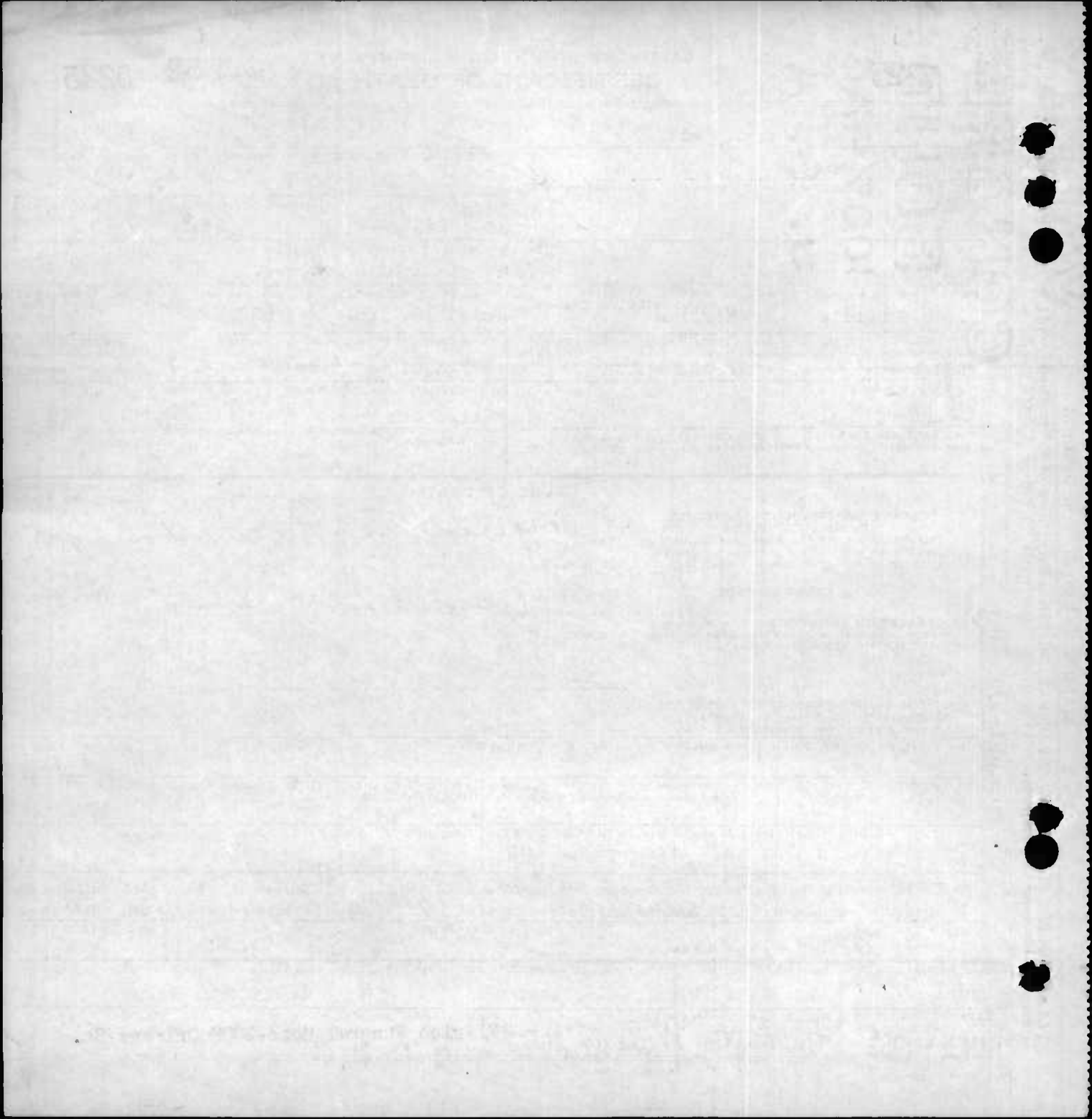
ADDRESS

VS 150

7708V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be correctly and legibly. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5226**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE SMITH

2. DATE
OF
DEATH

6-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hosp.

C. Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

507 Sanford Place

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 27, 1914

9. AGE (In years last birthday)

37

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Raymond Taylor

14. MOTHER'S MAIDEN NAME

Alberta Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **292.6**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Sickle cell anemia crisis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-26-52**, 19**52**, to **6-3**, 19**52**, that I last saw the deceased alive on **6-3**, 19**52**, and that death occurred at **9:35 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea M.D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

6-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 7-1952

New Cathedral

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952

Huntington, Williams, Md.

Brooks Ruggold 1463 N. Carey St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

8597

10

THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5227
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Aline Kelly Whittico

2. DATE
OF
DEATH

6/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1929 Penn ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

*Baltimore 14-03
1929 Penn ave.*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Karl Kelly 1929 Penn ave

18. *002X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 20, 1953* to *June 4, 1953* that I last saw the deceased alive on *June 4, 1952*, and that death occurred at *4 p. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952

Huntington Walliquis, M.D.

W. G. Halstead

9/8 Duval

VS 150

Sillan.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1933

28

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1933

STATE OF NEW YORK

John J. ...

...

...

...

...

...

...

...

...

M 416
52 5228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA MILBURN

2. DATE
OF
DEATH

6-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write F.D.N. and give township)

D. STREET ADDRESS (If rural, give location)

710 Vine St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Dec. 13, 1895

9. AGE (In years,
last birthday)

57

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert Murray

14. MOTHER'S MAIDEN NAME

Laura Offen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension A.S.C.V.D

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26, 1952 to 6-4, 1952, that I last saw the
deceased alive on 6-4, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea M. D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

6-4-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

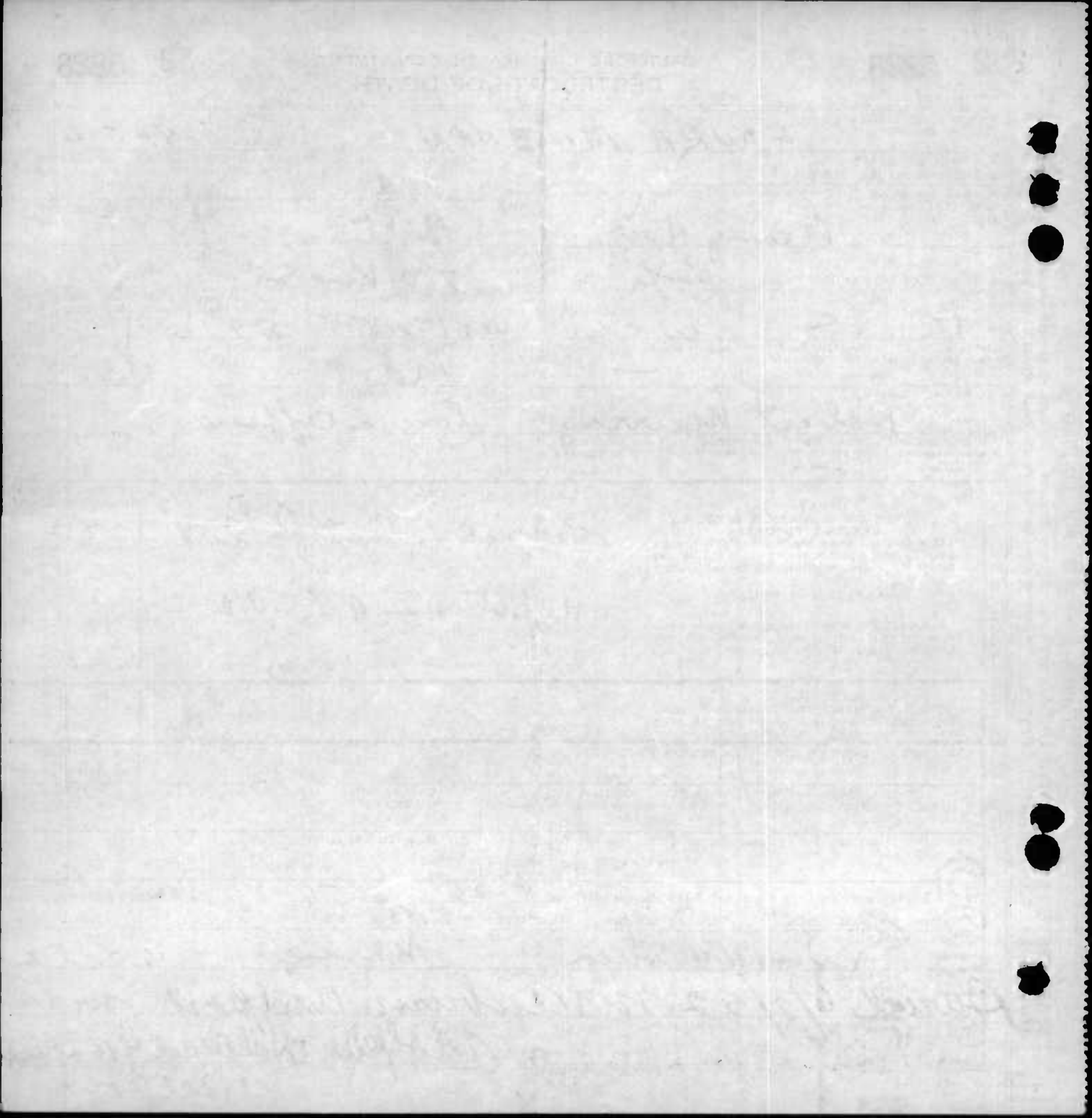
JUN 5 - 1952

Huntington Hill

Adolphus Habtead 918 Dring

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5229
Registered No.1. NAME OF DECEASED
(Type or Print)

James Turner

2. DATE
OF
DEATH

June 3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

526 Oxford St. (Osprey St.) zone 2

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 20-1913

9. AGE (In years
last birthday)

38

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Shelly (Shelby) Turner

14. MOTHER'S MAIDEN NAME

Nanny Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

8 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Uremia

DUE TO

2 wks.

(C) Acute Pylonephritis

3 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-20-1952, to 6-3-1952, that I last saw the
deceased alive on 6-3-1952, and that death occurred at 8.10PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Balto., Md.

6-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952

Huntington Williams, M.D.

Adolphus Halstead 915
Sund Hill Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN WITH UNFADING INK. Every item of information should be carefully printed. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0880

0880



Received 1/1/52 \$117.00 Cash on Delivery
Chapman Hotel
New York City

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5230**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**William Theodore Short**2. DATE
OF
DEATH**6/4/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Baltimore** B. COUNTY **Mar.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

532 N. Carrollton Ave.

C. CITY OR TOWN (If outside corporate limits, write R.U.M.A. and give township)

D. STREET ADDRESS (If rural, give location)

532 Carrollton Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 1885

9. AGE (In years, last birthday)

67

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Charaffour

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Liovanstown Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Short

14. MOTHER'S MAIDEN NAME

Sarah C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bernadette Dutton

ADDRESS

18. **420.1 and 260X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

7 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/4**, 19**52**, to **6/4**, 19**52**, that I last saw the deceased alive on **6/4**, 19**52**, and that death occurred at **2:00** a. m., from the causes and on the date stated above.

23A. SIGNATURE

REGISTRAR'S SIGNATURE

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

6/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**June 3, 1952****St. Calvary Am. Cether Hill Md.****322 N. Schroeder St**

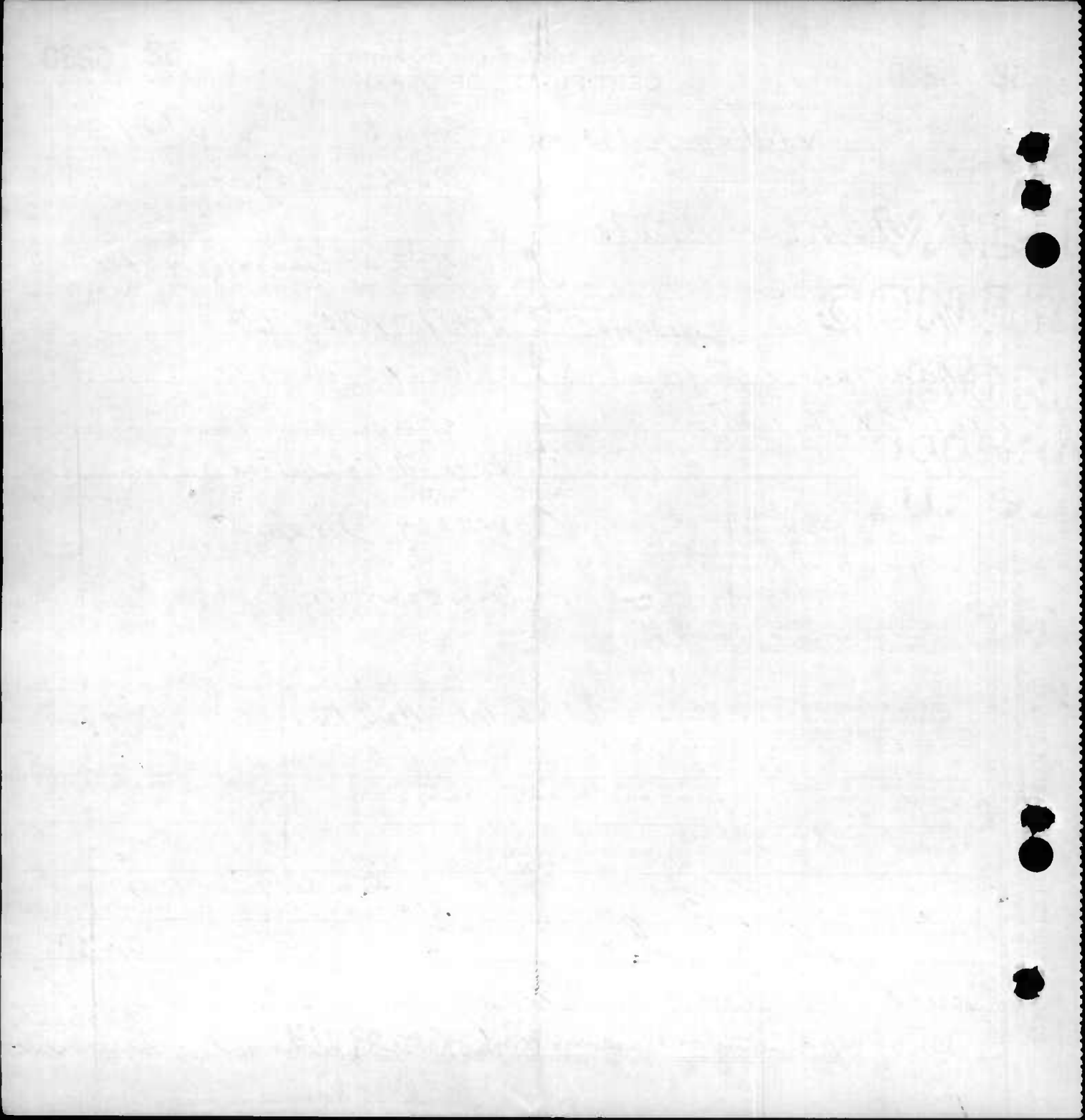
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952 Huntington Williams**Mr. Kate R. Williams****Schroeder St**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5231

VMC-159274
52 5231

1. NAME OF DECEASED (Type or Print) Ambrose Wooden			2. DATE OF DEATH 6-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 5-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1416 E. Fairmount Ave.		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1896		9. AGE (in years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James			14. MOTHER'S MAIDEN NAME Rebecca ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records-4940 Eastern Ave.		
18. 151x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the stomach DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 year		
19A. DATE OF OPERATION 6-2-52		19B. MAJOR FINDINGS OF OPERATION Gastrectomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-19- , 19 52 , to 6-4- , 19 52 , that I last saw the deceased alive on 6-4- , 19 52 , and that death occurred at 4:25A m., from the causes and on the date stated above.					
23A. SIGNATURE P. S. Rogers		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-8-52		24C. NAME OF CEMETERY OR CREMATORY mt Calvary	
24D. LOCATION (City, town, or county) (State) A. A. County, Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. Joseph S. Lock, Jr 1304 N. Central Ave			

1957 SC

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C. 20250

OFFICE OF THE SECRETARY
WASHINGTON, D. C. 20250

1-1-57

RECEIVED

Mr. [Name]

Director, [Agency]
[Address]

Dear Sir:

Reference is made to your letter of [Date]

WATER

Re: [Subject]

Enclosed for you are [Number] copies of [Document]

UNITED STATES DEPARTMENT OF AGRICULTURE

TOP SECRET

UNITED STATES DEPARTMENT OF AGRICULTURE

Very truly yours,

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

Handwritten notes and signatures at the bottom of the page, including a large signature on the left and several smaller ones on the right.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5232

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROLAND E. REDMAN

2. DATE
OF
DEATH

6/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

Balto

D. STREET ADDRESS (If rural, give location)

2012 W. Bald Spring Lane

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2012 W. Bald Spring Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 10, 1917

9. AGE (In years
last birthday)

34

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

mechanics

10B. KIND OF BUSINESS OR
INDUSTRY

self gen.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marcellena M. Redman 2012 W. Bald Spring Lane

18. 420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Acute coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic myocarditis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1952 to 6/3, 1952, that I last saw the
deceased alive on 6/3, 1952 and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Roland E. Redman

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

6-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/6/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Hindon Mill Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Edmunds Jr. 365-17 Chestnut Ave.

5338

53

CERTIFICATE OF DEATH

5338

1911

1911

1911

1911

1911

1911

1911

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5233**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Richard Eaton Enos**2. DATE
OF
DEATH**June 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**4214 Elsa Terrace**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4214 Elsa Terrace

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

April 3, 18939. AGE (In years
last birthday)**59**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Machinist**10B. KIND OF BUSINESS OR
INDUSTRY**Cloverland Dairy**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U S A**

13. FATHER'S NAME

George Enos

14. MOTHER'S MAIDEN NAME

Ida Wootton15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**215-05-8498**

17. INFORMANT

ADDRESS

Mrs. Mary Catharine Enos 4214 Elsa Terrace

18.

42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Coronary Thrombosis
Congestive Heart Failure
Chronic Valve Disease****1 min
10 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arterio sclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Rheumatoid Arthritis****5 yrs**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1912** to **6/4**, 19**52** that I last saw the
deceased alive on **6/4**, 19**52** and that death occurred at **9:05** A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952**Huntington Williams, M.D.****Bungee Funeral Home****3631 Falls Road**

VS 150

54468**Norma F. Bungee**

4552

12 151

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Ada Litsinger Backus

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3519 Roland Avenue

C. CITY OR TOWN (If outside corporate limits, write rural, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3519 Roland Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 8, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

~~Unknown~~ James Mitchell Litsinger

14. MOTHER'S MAIDEN NAME

~~Unknown~~ Mary Ann -----15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Kathryn B. Gill

ADDRESS

3519 Roland Avenue

18.

420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion 1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Heart Disease 7 years

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1945 to June 3, 1952, that I last saw the
deceased alive on June 3, 1952 and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Anne Arundel Co. Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

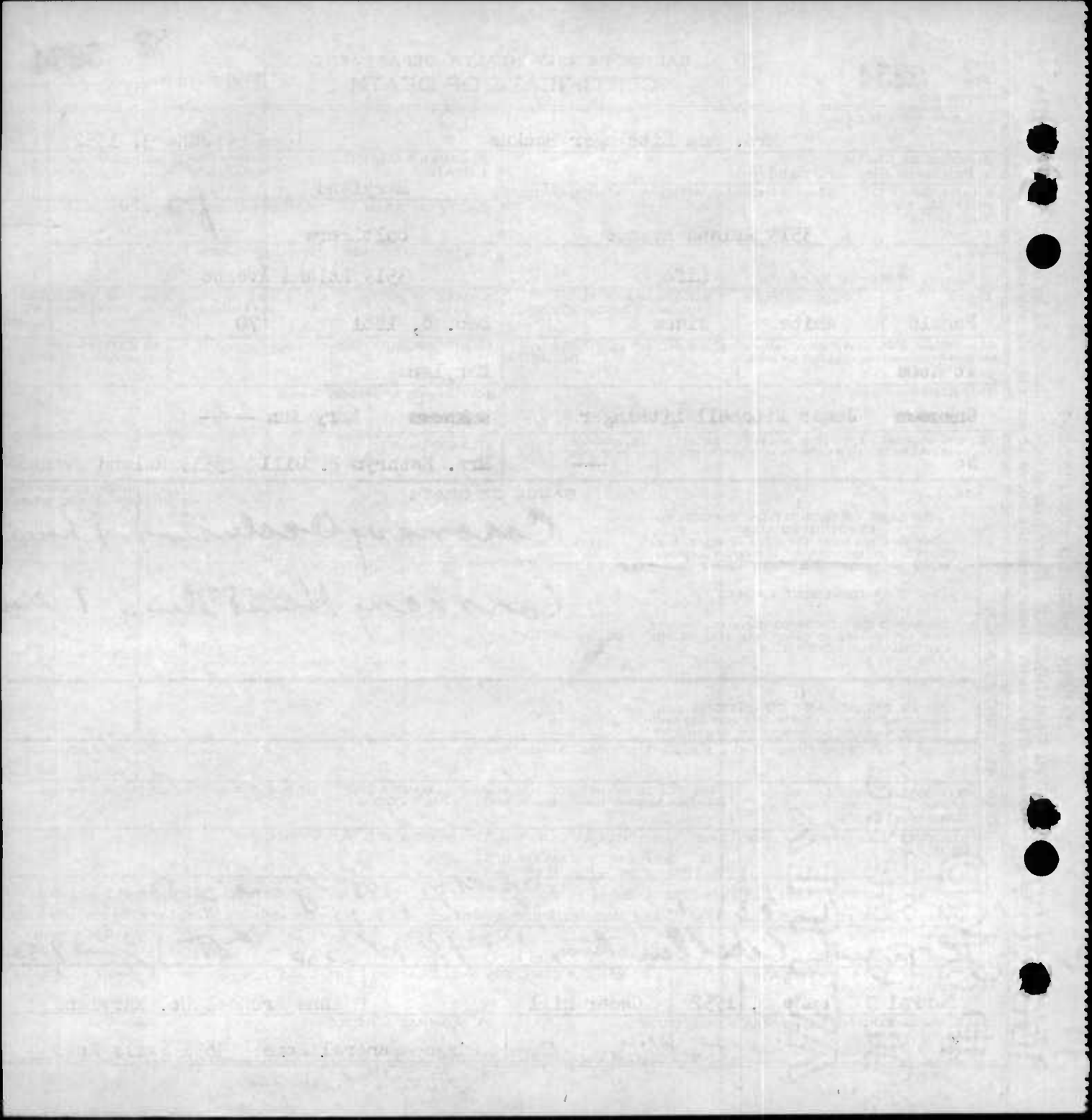
ADDRESS

JUN 5 - 1952

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5235**

BIRTH NO. **52 5235**

1. NAME OF DECEASED (Type or Print) FRANCES UHL			2. DATE OF DEATH June 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 9-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1904 East 29th Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1904 East 29th Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 6, 1886		9. AGE (in years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Zimmerman			14. MOTHER'S MAIDEN NAME Margaret Klein		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. John Uhl, 1904 East 29th St.		

MEDICAL CERTIFICATION	18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 6, 1952 to June 3, 1952 that I last saw the deceased alive on June 3, 1952 and that death occurred at 1:45 P. M. from the causes and on the date stated above.		
23A. SIGNATURE Lloyd E. Saylor M. D.	23B. ADDRESS 3902 Greenmount Ave	
23C. DATE SIGNED June 3, '52		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/6/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.		

Dr. Saylor
3902 Greenmount Ave.
6:30 to 8

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5236

BIRTH NO. 52 5236

1. NAME OF DECEASED (Type or Print) <u>Clemmard Brown</u>			2. DATE OF DEATH <u>June 3, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St. L. St. 3 E</u>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Anne Arundel</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Annapolis</u>		
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>310 Chester Ave</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 2, 1938</u>		9. AGE (in years last birthday) <u>13</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>William Brown</u>			14. MOTHER'S MAIDEN NAME <u>Beard Diggs</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>200.1</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Lymphosarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <u>No</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4-17</u> , 19 <u>52</u> to <u>6-3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-3</u> , 19 <u>52</u> and that death occurred at <u>11:20 P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>J H Kaiser</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 8, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Brewer Hill Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Annapolis Md</u>		25. FUNERAL DIRECTOR <u>Eda Reese #108 W. Wash. St</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 5 - 1952</u>		REGISTRAR'S SIGNATURE <u>H. H. Williams, Jr.</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5237**

BIRTH NO. **650 5237**

1. NAME OF DECEASED (Type or Print) Emma Green			2. DATE OF DEATH June 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Stal. P.R.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) Baltimore 7-04		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1806 Ashland Ave		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Mar. 11, 1898		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Askin			14. MOTHER'S MAIDEN NAME Mittie Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Peritonitis	CAUSE OF DEATH General Peritonitis
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Colon	

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION 6-1-52		19B. MAJOR FINDINGS OF OPERATION C. of Colon. Ruptured of Cecum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-1**, 19**52** to **6-1**, 19**52** that I last saw the deceased alive on **6-1**, 19**52** and that death occurred at **10:45 P.** m., from the causes and on the date stated above.

23A. SIGNATURE Galley H. Jones, Jr.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 6-2-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/5/1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	24D. LOCATION (City, town, or county) (State) Arbutus Balto. Md.
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	FUNERAL DIRECTOR ADDRESS Elmer Wilson 1000 Brantley Ave
---	---	---

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully explained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1937

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death		6. Place of death		7. Cause of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
John W. Smith		Male		45		1/1/1937		1/15/1937		New York City		Heart Disease		[Signature]		[Signature]		[Signature]	
11. Name of informant		12. Address		13. City		14. State		15. County		16. Zip		17. Date of filing		18. Date of registration		19. Date of burial		20. Date of cremation	
John W. Smith		123 Main St.		New York		NY		New York		10001		1/15/1937		1/15/1937		1/15/1937		1/15/1937	

D-320
52 5238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5238
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Carrie M. Dietz</i>			2. DATE OF DEATH <i>6/3/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hosp</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-04</i>		
C. Length of stay in Baltimore <i>56</i> Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) <i>Bernon Aged Home - Athol Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>7/20/1862</i>	9. AGE (in years last birthday) <i>89</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME <i>Henry Bouch</i>						14. MOTHER'S MAIDEN NAME <i>Anna Lindeman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Sr. Fredericks, 22 S. Athol Ave.</i>				

18. <i>422.2 and E903.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Cordusc Decomensation</i>		DUE TO		<i>5 da.</i>	
ANTECEDENT CAUSES		(B) <i>Fracture neck rt. femur</i>		<i>20 da.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		(C) <i>Senility</i>	

CERTIFICATION APPROVED BY
William J. [Signature] M.D.
CHIEF OR ASS. MEDICAL EXAMINER

19A. DATE OF OPERATION <i>5/19/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Fracture neck rt. femur</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Bernon Aged Home Athol Ave.</i>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5/14/52</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>Fall to floor</i>			
22. I hereby certify that I attended the deceased from <i>5/14</i> , 19 <i>52</i> , to <i>6/3</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/3</i> , 19 <i>52</i> , and that death occurred at <i>7:25</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert G. Chambers</i> M.D.		23B. ADDRESS <i>Franklin Square Hosp</i>		23C. DATE SIGNED <i>6/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 6/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Harry H. Untz 101 Edmondson Ave.</i>	

VS 150

N 820.0

5 2 3 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correctness. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5239
Registered No.

5-530
52 5239
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		WILLIAM R. SMITH		2. DATE OF DEATH June 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 29 Yrs. Most Days		D. STREET ADDRESS (If rural, give location) 305 W. 31st Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1896	9. AGE (In years last birthday) 56	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10B. KIND OF BUSINESS OR INDUSTRY Fire Fighters	11. BIRTHPLACE (State or foreign country) New Freedom, Pa.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Emmanuel E. Smith		14. MOTHER'S MAIDEN NAME Lillie Markel		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes. World War	
16. SOCIAL SECURITY NO.		17. INFORMANT Norman Smith		ADDRESS 309 W. 31st St. Baltimore Md.	

18. E 816.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture		INTERVAL BETWEEN ONSET AND DEATH
(A) 10000X		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Crushed chest		
(B) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
(C) 19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 34th Street and Charles Street Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 4, 1952 7:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver in collision of two fire trucks	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Smith		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 9/1952		24C. NAME OF CEMETERY OR CREMATORY Steltz Cemetery	
24D. LOCATION (City, town, or county) (State) Glen Rock, York Co., Penna.		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS New Freedom, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

8752 38

1000 10 10

1000 10 10

1000 10 10



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MITCHELL HOWARD E

2. DATE
OF
DEATH

6/3/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mary Korp.

C. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township)

Baltimore

16-05

D. STREET ADDRESS (If rural, give location)

2301 W. Llewellyn St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 22 1901

9. AGE (In years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STOREKEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

CONFECTIONERY

13. FATHER'S NAME

Frank M. Mitchell

11. BIRTH PLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Schiene

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Howard E. Mitchell - 2301 W. Llewellyn St.

18. 464X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism

2-4 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Thrombophlebitis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dysenteritis

19A. DATE OF OPERATION

May 21 1952

19B. MAJOR FINDINGS OF OPERATION

Dysenteritis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to 6/3, 1952, that I last saw the deceased alive on 6/3, 1952 and that death occurred at 1140 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. R. Perillo

23B. ADDRESS

Mary Korp.

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMA-
TION, REMIVAL (Specify)

Burial

24B. DATE

6-7-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Ave.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

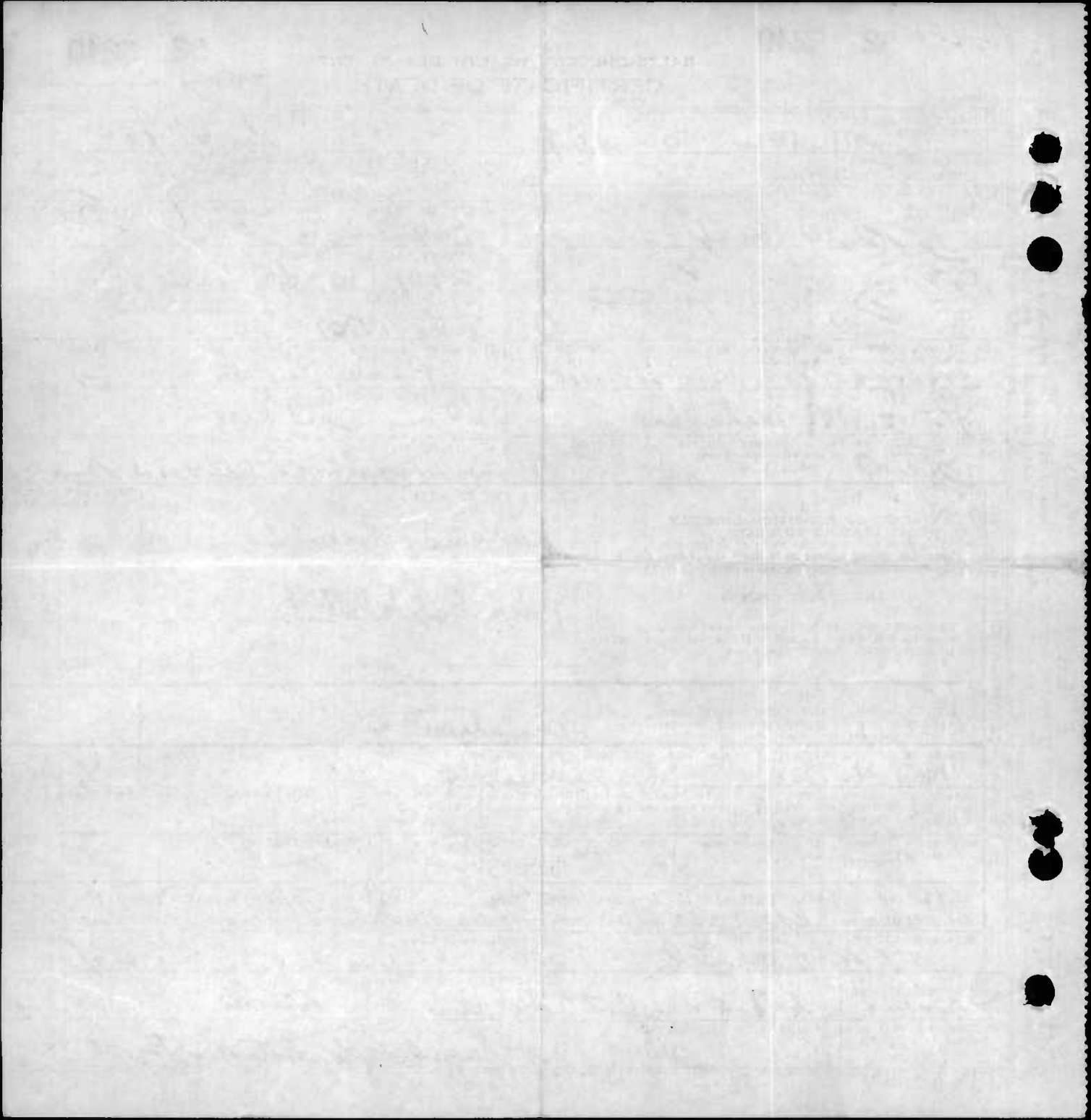
25. FUNERAL DIRECTOR

ADDRESS

George A. Fayless Fulton Over Fayette St.

JUN 5 1952

298 6A 37



MSB

52

RECEIVED JAN 10 1964

RECEIVED JAN 10 1964

MSB

52



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5242
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Catherine Teabo			2. DATE OF DEATH June 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2508 E. Fayette St. Zone 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1871		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edw. Reynolds			14. MOTHER'S MAIDEN NAME Mary Mooney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Miss Margaret Teabo, 2508 E. Fayette St.		

18. 446 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Chronic Nephritis DUE TO Hypertension- Secondary to Nephritis (C) Generalized Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5/30/52**, 19__, to **6/2/52**, 19__, that I last saw the deceased alive on **June 2**, 19**52**, and that death occurred at **7:45 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE C. P. Coffey	23B. ADDRESS 1400 N. Caroline St., #13	23C. DATE SIGNED June 2, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 6, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR IN 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Phelps Herwig Sons	ADDRESS 2024 Calver
--	---	---	-------------------------------

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be set out fully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

252 52 5243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5243

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Bertha E. Higgins*2. DATE
OF
DEATH*June 4 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Maryland General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3029 President St.

c. Length of stay in Baltimore

72

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-7-1880

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

William Langley

14. MOTHER'S MAIDEN NAME

Margaret Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

*Miss Mary E. Jones 2218 BANK ST*1B. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerotic cardio-vascular

DUE TO

disease & cardiac decompensation

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-30*, 1952, to *6-4*, 1952, that I last saw the deceased alive on *6-4*, 1952, and that death occurred at *10 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Se-jui Lin

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

June 4 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6-7-52

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEMETERY

24D. LOCATION (City, town, or county)

WOODLAWN, MD.

(State)

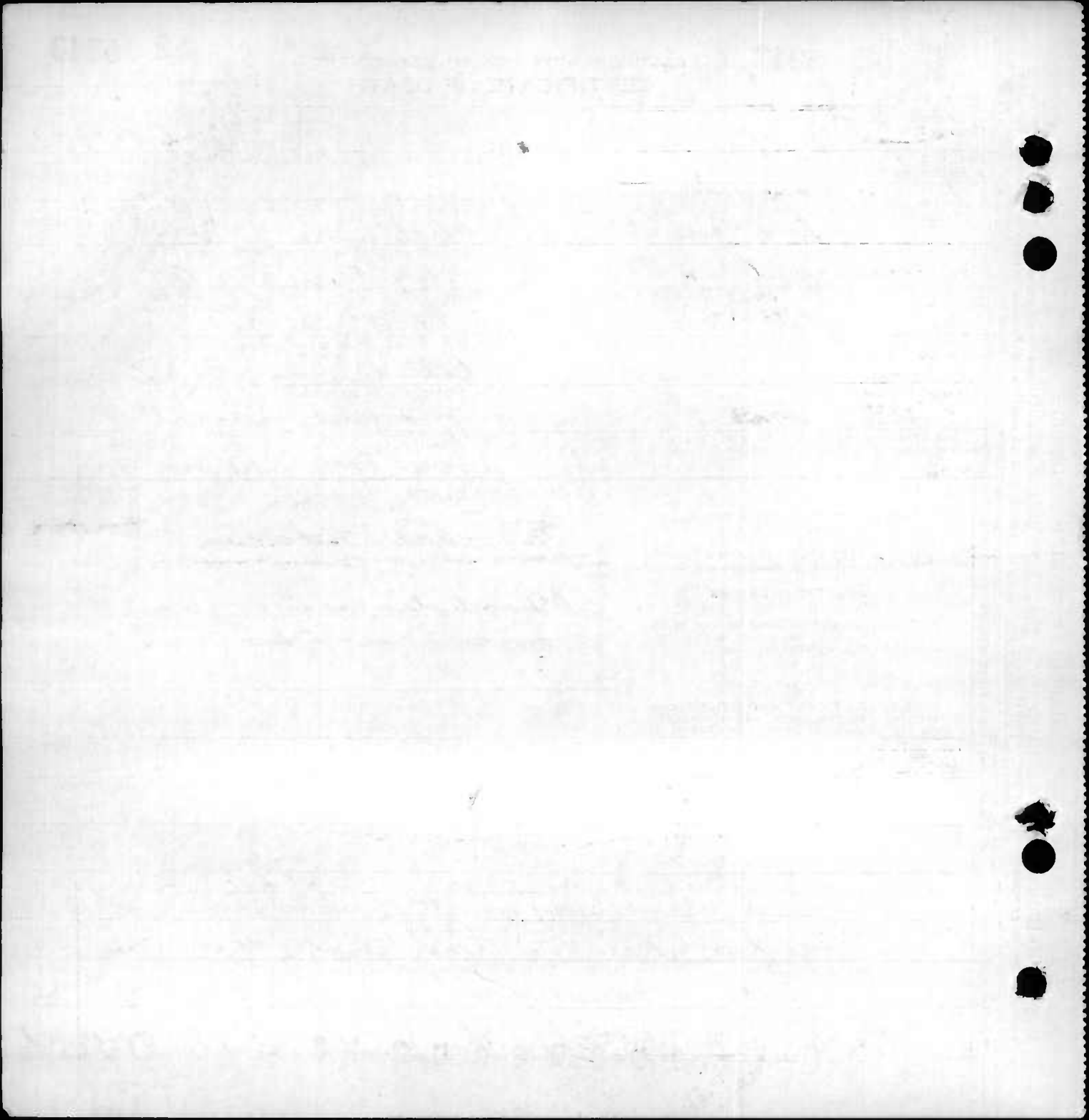
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 5 - 1952**Huntington W. Higgins, M.D.**Henry J. Tishman & Sons Inc. Balto Md.*



M-532 52 5244

52 5244

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDWARD S. MENTZER

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2740 Pennsylvania Ave.

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2740 Pennsylvania Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 28, 1886

9. AGE (in years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant

10B. KIND OF BUSINESS OR INDUSTRY

Gas Station

11. BIRTHPLACE (State or foreign country)

Coatesville Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Miss Dorothea Mentzer 2740 Pa. Ave.

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral apoplexy

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chr. myocarditis &

DUE TO

Chr. nephritis

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

☒ YES ☐ NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 1 - ch - 1951, to June 4, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. J. Wermuth

23B. ADDRESS

1136 Poplar Grove St

23C. DATE SIGNED

6/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Fehner, Sons Inc Balt. Md

JUN 5 1952

6216K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1911

BALTIMORE, MD. JAN. 1, 1911
J. H. B. CO. OF BALTIMORE

1911



A-2623 5245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5245

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN L. ACORD		2. DATE OF DEATH June 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-03			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 8 S. Calhoun Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1902	9. AGE (In years last birthday) 49	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Warm Springs, Virginia	
13. FATHER'S NAME Leonard Acord		14. MOTHER'S MAIDEN NAME Lizzie Overholt		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 212-14-3430		17. INFORMANT ADDRESS Beatrice E. Acord, 8 S. Calhoun Street	

18. **420.1** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) **Hypertensive cardiovascular disease**
~~MEGEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary occlusion**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6-7-52		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (City, town, or county) Baltimore		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR June 5 - 1952		REGISTRAR'S SIGNATURE <i>William J. [Signature]</i>		25. FUNERAL DIRECTOR W. B. M. Walters	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5246

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leah Dean McComas

2. DATE
OF
DEATH

6-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1137 Park Ave.

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 7 1881

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Dean

14. MOTHER'S MAIDEN NAME

Nancy Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT
Records- Baltimore City Hospitals
4940 Eastern Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerotic

DUE TO

years

(C) Arteriosclerotic heart disease

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-1952, to 6-3-1952, that I last saw the
deceased alive on 6-3-1952 and that death occurred at 6:30A m., from the causes and on the date stated above.

23A. SIGNATURE

A. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-3-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 5 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home-1631 Druid Hill
Ave.

VS 150

9520005243

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5247**

52 5247
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John William Shehner</i>			2. DATE OF DEATH <i>June 4 - 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2510 Gwynn St</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Balto. City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2510 Gwynn St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 22 - 1884</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Street Railway</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>George Shehner</i>			14. MOTHER'S MAIDEN NAME <i>Anna Krauss</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>26-09-6924</i>		17. INFORMANT <i>Mrs Anna M. Shehner (wife)</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 1951</i> to <i>June 4</i> , 1952, that I last saw the deceased alive on <i>June 2</i> , 1952, and that death occurred at <i>7:30 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. Ensett Green</i>		23B. ADDRESS <i>Med Arts Bldg - Balto.</i>		23C. DATE SIGNED <i>June 4, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 7-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams</i>		24F. ADDRESS <i>1200 N. Morris - Balto. Md.</i>	

VS 150

631 515 244

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1919-1920

1890

1. The first of these is the fact that the
 2. second of these is the fact that the
 3. third of these is the fact that the
 4. fourth of these is the fact that the
 5. fifth of these is the fact that the
 6. sixth of these is the fact that the
 7. seventh of these is the fact that the
 8. eighth of these is the fact that the
 9. ninth of these is the fact that the
 10. tenth of these is the fact that the

Med Exam Case Released to Hospital

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5248

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Davis

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-44

D. STREET ADDRESS (If rural, give location)

3526 E. Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-25-93

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harold Shephard

14. MOTHER'S MAIDEN NAME

Ella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. E 902.0 and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Multiple fractures arm & hip

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William J. ... M.D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes + Obesity

19A. DATE OF OPERATION

5-30-52

19B. MAJOR FINDINGS OF OPERATION

Communion Fracture arm & Elbow

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3526 E Balto St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-30-52 11A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from porch

22. I hereby certify that I attended the deceased from 5-30, 1952, to 6-4, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Alaunay

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 7-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Eastern Blvd. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John S. Connelly Corp. Inc.

ADDRESS

JUN 5 - 1952

N 20.0 To be approved by Med. Exam.

8132 38

RECEIVED BY THE
OFFICE OF THE
ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5249

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clementine Mickens

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10 - - 1925

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Archie Iswyn

14. MOTHER'S MAIDEN NAME

Nannie Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

58/1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cirrhosis of liver

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic alcoholism.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-1952 to 6-3-1952 that I last saw the
deceased alive on 6-3-1952 and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Leighton E. Clay

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-4-52

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 6-6-52 Mt Calvary Cem A. A. Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 5 - 1952

Huntington Williams, M.D.

Ragner Sanders

217 E. Preston St

[Faint, mostly illegible text from a form, likely containing personal and medical details.]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5250**

BIRTH NO. **52 5250**

1. NAME OF DECEASED (Type or Print) Mary Taylor			2. DATE OF DEATH June 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Acad Room			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 30 yrs			D. STREET ADDRESS (If rural, give location) 1431 E. Preston St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-30-1908	9. AGE (In years last birthday) 44	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Thomas Jackson			11. BIRTHPLACE (State or foreign country) Virginia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY?		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Sadie Madison		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, breast	CAUSE OF DEATH Pulmonary metastasis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-3, 1952 to 6-3, 1952 that I last saw the deceased alive on 6-3, 1952 and that death occurred at 10:50 P. m., from the causes and on the date stated above.		
23A. SIGNATURE Frederick W. Dick	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 6-4-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/7/52	24C. NAME OF CEMETERY OR CREMATORY Calvary Cem
24D. LOCATION (City, town, or county) (State) Baltimore Md	25. FUNERAL DIRECTOR Rayner Sanders	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	ADDRESS

JUN 5 - 1952

To be approved: Med. Exam. **217 E. Preston St**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. correct page is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE

William H. Lark M.D.
CHIEF OR ASST. MEDICAL EXAMINER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5251
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) DR. MORRIS FINE			2. DATE OF DEATH 6-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3643 Keistertown Rd			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12		
c. Length of stay in Baltimore 36 Yrs. _____ Mons. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3643 Keistertown Rd		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		9. AGE (In years last birthday) 56 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work, and during most of working life, even if retired) Physician			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lith
13. FATHER'S NAME Liza			14. MOTHER'S MAIDEN NAME Tobee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Maie Fine - same	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21A. ACCIDENT WAS UNDER- LYLING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-5-1951** to **6-4**, 19**52** that I last saw the deceased alive on **6-4**, 19**52** and that death occurred at **11:25** p.m., from the causes and on the date stated above.

23A. SIGNATURE **Dr. Lullod** M. D. 23B. ADDRESS **707 E. Fort Ave.** 23C. DATE SIGNED **6-5-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-6-52	24C. NAME OF CEMETERY OR CREMATORY Rosedale	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR ADDRESS 2100 Cutaw Rd	

MARGIN RESERVED FOR BINDING

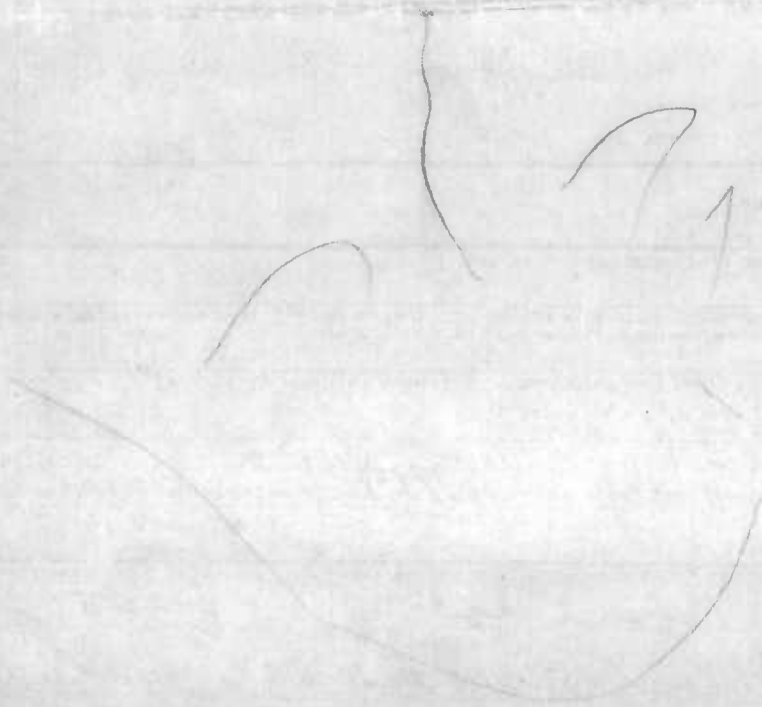
PLEASE WRITE IN INK. Every item of information should be fully stated. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

F-500

Pollock

3709

Callaway



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5252

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAM STOKER

2. DATE
OF
DEATH

6-V-V2

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1231 E. Monument St

C. Length of stay in Baltimore

42

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Benj. Stoker - 1739 N. Wash. St

1B. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ch coronary sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10/50, to 5/27, 1952, that I last saw the deceased alive on 5/27, 1952 and that death occurred at 4:17 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. H. Hornstein

M. D.

204 E. Biddle St.

6/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

Huntington Williams

Jack Lewis

2100 Putnam Rd

VS 150

2906A

Housteen
I will Be Back Later
Jack Lewis son

NARDONE.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5253

BIRTH NO. 52 5253

1. NAME OF DECEASED
(Type or Print)

Elizabeth T. Nardone

2. DATE
OF
DEATH

6/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-44

D. STREET ADDRESS (If rural, give location)

3615 E Fayette St #24

c. Length of stay in Baltimore

(?)

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

May 18 1913

9. AGE (In years last birthday)

39

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ridgeway Penna.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Ralph Testa

14. MOTHER'S MAIDEN NAME

Theresa Panella

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Self

ADDRESS

18. *161X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinomatous from lungs or nasopharynx

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., home, about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/26/52*, to *6/4/52*, 19*52*, that I last saw the deceased alive on *6/4*, 19*52*, and that death occurred at *5:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell

23B. ADDRESS

Mercy

23C. DATE SIGNED

6/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 7 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

German Hill Rd. Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Uoce 322 S. High St.

ADDRESS

CERTIFICATE OF DEATH

STATE OF NEW YORK

1952

1952

1952

DECEASED

DATE OF DEATH

PLACE OF DEATH

1952

1952

1952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5254**BIRTH NO. **52 5254**

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
FREDERICK A. BAKER		June 4, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		A. STATE Maryland	
c. Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-03	
5. SEX Male		D. STREET ADDRESS (If rural, give location) 30 S. Carey Street	
6. COLOR OR RACE White		8. DATE OF BIRTH Feb/ 26, 1908	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		11. BIRTHPLACE (State or foreign country) Iowa	
10B. KIND OF BUSINESS OR INDUSTRY Shirks Motor Express		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Baker		14. MOTHER'S MAIDEN NAME Fanny----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT Mrs. Margaret Baker, 30 S. Carey St	
16. SOCIAL SECURITY NO.		ADDRESS	
18. 416X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Rheumatic heart disease			
ANTECEDENT CAUSES (B) Embolic thrombosis of right internal carotid artery			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William H. Harrison		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED June 5, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 7/52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Harvey H. Wintz		ADDRESS 4101 Edmondson Ave.	

MSB 81

RECEIVED

MSB 82



52 5255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5255
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD L.F. RUSK

2. DATE
OF
DEATH

JUNE 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
a. STATE b. COUNTY before admission)

MD.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

9-05

o. STREET ADDRESS (If rural, give location)

922 HOMESTEAD ST

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

922 HOMESTEAD ST

c. Length of stay in Baltimore

LIFETIME

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 8, 1889

9. AGE (in years;
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

MARINE GUARD SERVICE

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOSEPH RUSK

14. MOTHER'S MAIDEN NAME

MARGARET MOONEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

218-10-5403

17. INFORMANT

WIFE, MRS. FLORENCE A. RUSK

ADDRESS

SAME

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TOCa of the Lung
Crown Heart
LungINTERVAL BETWEEN
ONSET AND DEATH

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1912 to May 19, 1952 that I last saw the
deceased alive on May 29, 1952 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (If rural, give location)

BURIAL

6-7-1952

CATHEDRAL

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

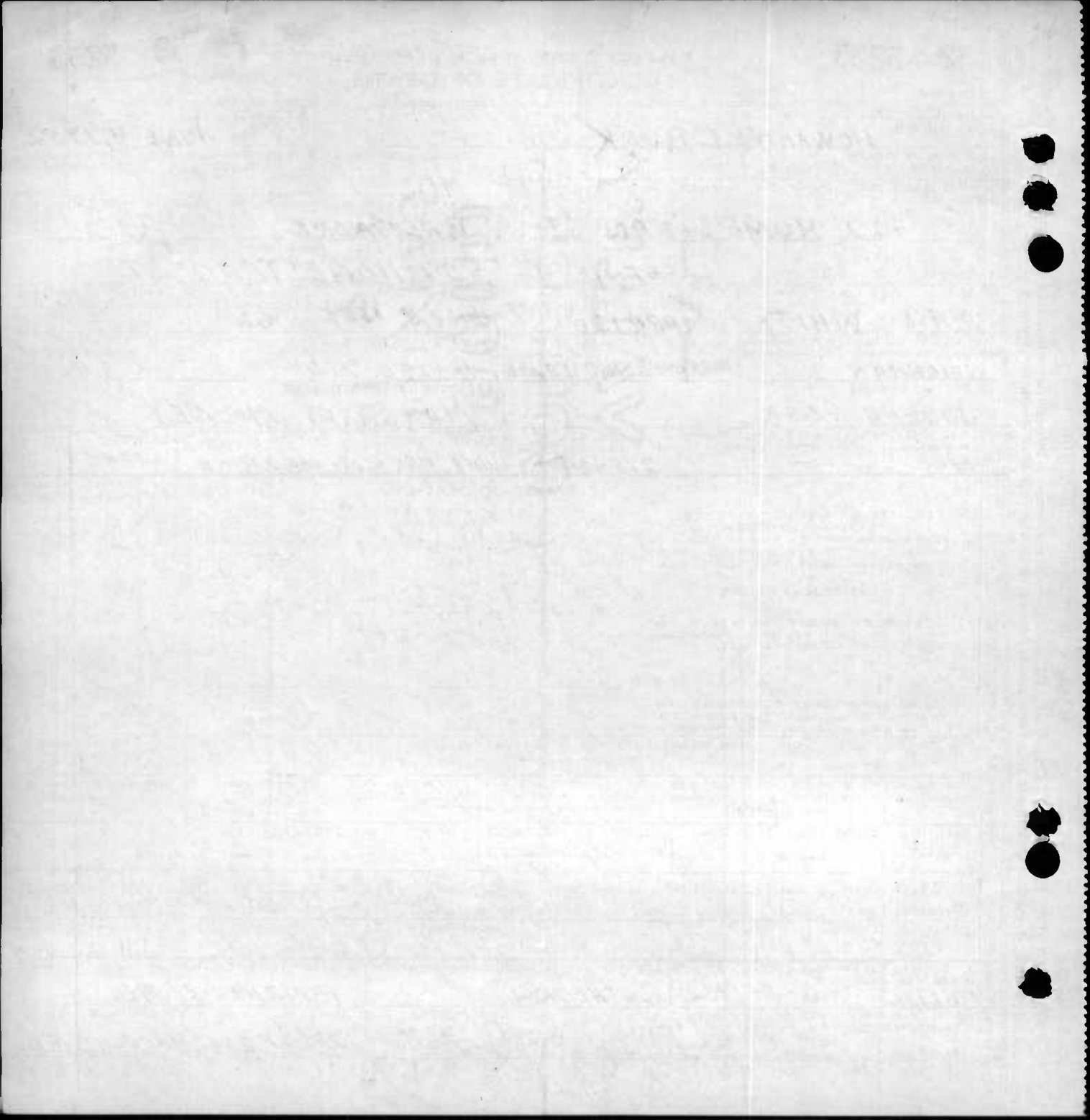
Huntington Williams, M.D.

J. Walter Conklin

2343 HARFORD RD.

VS 150

7-63-55-252



52 5256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5256

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Virginia Twining Conway

2. DATE
OF
DEATH

6/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

The Union Memorial Hospital

C. CITY OR TOWN

Upfall

(If outside corporate limits, write RURAL and give township)

Hager Falls

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

CHESTNUT HILL

5200

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1902 22-1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac J. Twining

ISSAC J
TWINING

14. MOTHER'S MAIDEN NAME

SARAH E. BURTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

MR. CLINTON B. CONWAY

ADDRESS

Same

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Spontaneous rupture of aneurysm of anterior cerebral artery

1 day

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/5/52

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4/52, 19, to 6/5/52, 19, that I last saw the
deceased alive on 6/5/52, 19, and that death occurred at 12:55A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital
Baltimore 18 Maryland

23C. DATE SIGNED

June 5/1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

PINE GROVE CEM

24D. LOCATION (City, town, county) (State)

LYNN, MASS

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington-Welington, M.D.

25. FUNERAL DIRECTOR

H. J. Becker - Sons

ADDRESS

Balt. Md.

STATE OF TEXAS
CERTIFICATE OF DEATH

County of _____ State of _____

Deceased _____

Age _____

Sex _____

Married _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

52 5257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Muller, Miss Amelia Annie

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

- 700 W. 40th St.

B. FULL NAME OF HOSPITAL OR INSTITUTION

Home for Incurables - 700 W. 40th St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 27th 1887

9. AGE (in years last birthday)

64 yrs.

10. Under 1 Year 11. Under 24 Hours

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newspaper Reporter

10B. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James C. Muller

14. MOTHER'S MAIDEN NAME

May Keenright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

213-03-2287

17. INFORMANT

S. E. Ross

ADDRESS

City, 23. 2568 Edmondson Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Due to
(C) Scoliosis of spine

many years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Dysphagmatic Hernia.
Hypertrophic Arthritis (Spine Hernia)3 years
3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug. 16, 1951, to June 5, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Heston Herapapen

M. D.

23B. ADDRESS

214 Medical Bldg Building

23C. DATE SIGNED

6/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

LODON PR. CEM.

24D. LOCATION (City, town or county) (State)

BALTIMORE, MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

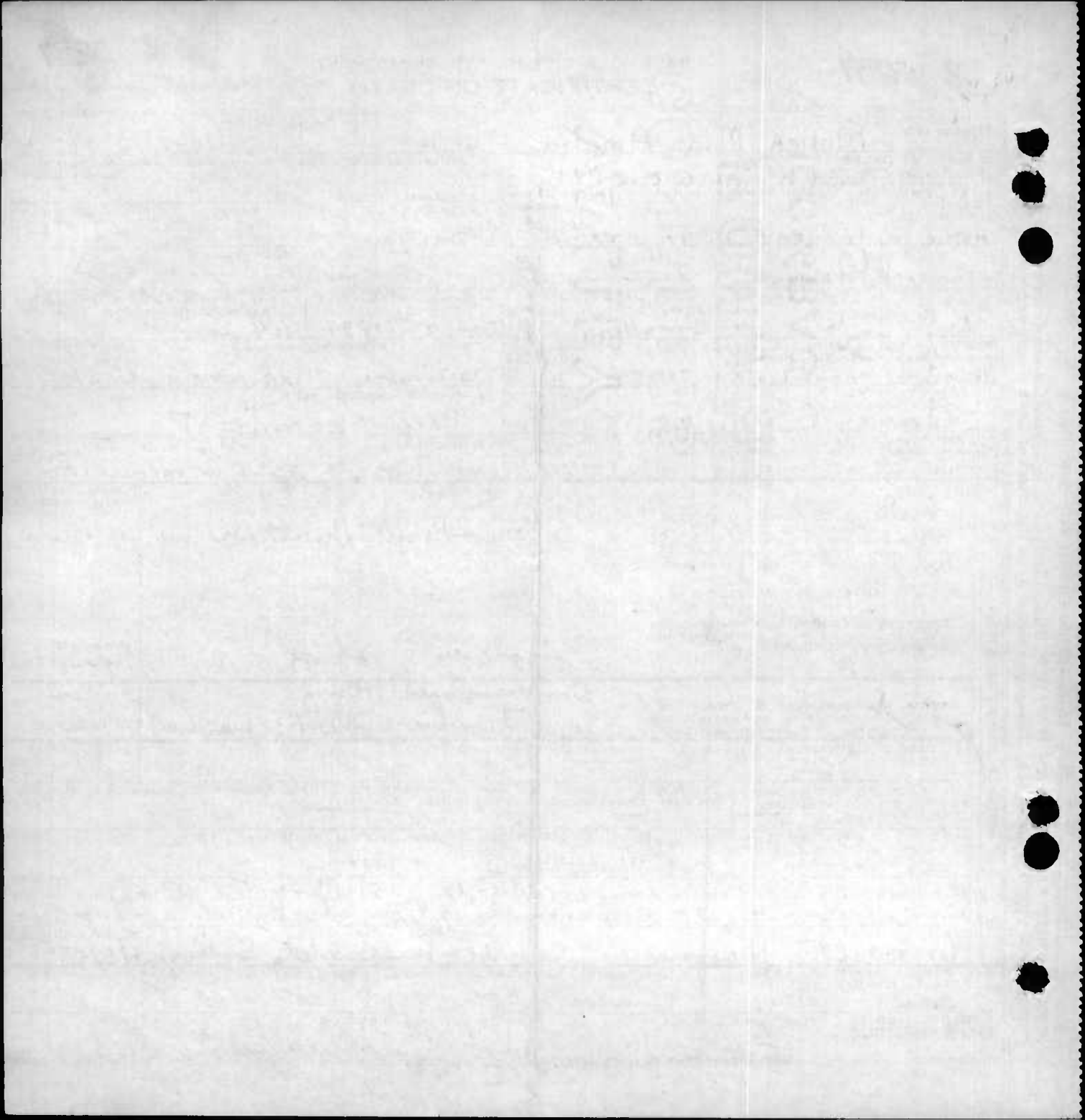
25. FUNERAL DIRECTOR

J. Tuckner Sons Inc Balto Md

ADDRESS

VS 150

036 417 5 1



M-600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALMIRA J. MORROW

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1906 Cedric Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-09

D. STREET ADDRESS (If rural, give location)

1906 Cedric Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 11, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Charles A. Greasley

14. MOTHER'S MAIDEN NAME

Mary Kinsey Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. E. Lynn Morrow 1906 Cedric Rd.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 2, 1952, to June 4, 1952, that I last saw the
deceased alive on June 4, 1952, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dorothy Robinson

M. D.

28356 W. 4th St. Falls Pkwy

6/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Mortuary, J. T. Williams & Sons Inc. Belts, Md.

JUN 6 - 1952

VS 150

877 2000 5255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

52 5259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5259
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES JOHN BOYD

2. DATE
OF
DEATH

JUNE 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

ST AND (3311 ST. PAUL ST.)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 5 7-02

c. Length of stay in Baltimore

7

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2413 MCELDERRY STREET

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

OCTOBER 12, 1951

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

7

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HOWARD A. BOYD

14. MOTHER'S MAIDEN NAME

Elizabeth Breitenbach

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

FATHER

ADDRESS

2413 MCELDERRY ST.

18.

751X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYDROCEPHALUS

DUE TO

7 MONTHS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) MENINGITIS

DUE TO

7 MONTHS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1951, to JUNE 5, 1952, that I last saw the
deceased alive on June 2, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lois Verner G. Young

M. D.

23B. ADDRESS

3311 St. Paul St.

23C. DATE SIGNED

June 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 7/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cmn.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John R. Miller 2334 Jefferson St.

ADDRESS

JUN 6 - 1952

VS 150

7 5 2 0 0 5 2 5 0

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

8-33

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5260

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT H. BECK

2. DATE
OF DEATH June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

3810 Ridgcroft Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 23 1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Md. Biscuit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard J. Beck

14. MOTHER'S MAIDEN NAME

Mary Riley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War #1

16. SOCIAL
SECURITY NO.

213-09-6876

17. INFORMANT 3810 Ridgcroft Rd.

Mrs Lydia B. Beck

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intracerebral hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Sander

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/6/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

Baltimore Md.

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5261**BIRTH NO. **52 5261**1. NAME OF DECEASED
(Type or Print)**PRISCILLA RUTLEY GUTH**2. DATE
OF
DEATH**June 3, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1746 E. North Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1746 E. North Avenue

C. Length of stay in Baltimore

60 yrsYrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 19, 1875

9. AGE (In years last birthday)

76

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas E. Rutley

14. MOTHER'S MAIDEN NAME

Lettia Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

213-07-202317. INFORMANT **1746 E. North Avenue 13**
Mrs. Allan M. Pirie18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage**2 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease

(C)

Peripheral Vascular DiseaseII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Arthritis**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from **Dec 3**, 19**49**, to **June 3**, 19**52** that I last saw the deceased alive on **June 3**, 19**52** and that death occurred at **8:30** m., from the causes and on the date stated above.

23A. SIGNATURE

Louis V. Blum, M.D.

23B. ADDRESS

2310 Entaw Place

23C. DATE SIGNED

June 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD**Segal & Park**

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5262**BIRTH NO. **52 5262**

1. NAME OF DECEASED (Type or Print) Thomas Milton Bryan			2. DATE OF DEATH June 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1810 E. 32 St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1810 E. 32 St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 13, 1886		9. AGE (In years last birthday) Months Days 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Thomas J. Bryan			14. MOTHER'S MAIDEN NAME Adella L. Fosler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss Adele Bryan 1810. E. 32 St.		
18. 026X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal Pneumonia (A) DUE TO Central Nervous System Syphilis (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 5 days 25 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January, 1946 to June 5, 1952 , that I last saw the deceased alive on June 5, 1952 , and that death occurred at 3:00 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Lois M. Zimmerman M. D.		23B. ADDRESS 2030 Harford Rd.		23C. DATE SIGNED June 6, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/7/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore Md. George P. Sander		

8252

3

RELATIONS OF HEALTH CARE PROVIDERS
CENTRAL CITY OF DEATH

25

DATE

TIME

PLACE

NAME

AGE

SEX

DOB

POB

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5263
Registered No. 5263

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James E. West

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balt. City*

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

107 N. Eden St

C. Length of stay in Baltimore *40 Yrs.*

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug.-11-1891

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Norfolk Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward West

14. MOTHER'S MAIDEN NAME

Katie Newell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

War # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

581.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Ischenteric hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

*Esophageal varices
Laennec's Cirrhosis*

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *6/3* 1952 to *6/3* 1952 that I last saw the deceased alive on *6/3* 1952 and that death occurred at *3:15* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-4-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/6/1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

McElroy Wilson 1000 Brantly Ave

ADDRESS

VS 150

94055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, mostly illegible handwriting in the upper section of the page, possibly containing names and dates.]

[Faint handwriting in the middle section, including what appears to be a date '1883' and some names.]

[Faint handwriting in the lower-middle section, continuing the list or record.]

[Faint handwriting at the bottom of the page, possibly a signature or final entry.]

52 5264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5264
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY ALBERT HANSY

2. DATE
OF
DEATHJUNE 4TH 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

719 BELLE TERRE AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 9-05

D. STREET ADDRESS (If rural, give location)

719 BELLE TERRE AVE.

c. Length of stay in Baltimore

10 Yrs.
Mes.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 8. 1887

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days

7 26

11. Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AUDITOR

10B. KIND OF BUSINESS OR
INDUSTRY

MD. STATE ROAD COM.

11. BIRTHPLACE (State or foreign country)

WILKESBARRE. PA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY HANSY

14. MOTHER'S MAIDEN NAME

ROSE ESTELLE FABER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes WORLD WAR I

16. SOCIAL
SECURITY NO.

224-10-9547

17. INFORMANT

ADDRESS

MRS. H. A. HANSY, 719 BELLE TERRE AVE

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerotic Vascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1942, to June 4, 1952 that I last saw the
deceased alive on June 4, 1952, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin Edward Day

M. D.

23B. ADDRESS

4-E-33rd St - 18

23C. DATE SIGNED

June 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

June 7 1952

24C. NAME OF CEMETERY OR CREMATORY

Rosewood

24D. LOCATION (City, town, or county)

Lewistown N. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

Huntington Williams, 4945 York Rd

VS 150

00692

Dr. Ray

4500 St.

52 5265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5265

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DOROTHY H. CURTIS

2. DATE
OF
DEATH

JUNE 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 10-01

D. STREET ADDRESS (If rural, give location)

700 E. Chase St.

c. Length of stay in Baltimore

27 Yrs.
Mos.
26 Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 10, 1924 27

9. AGE (In years
last birthday)If Under 1 Year
Months Days

8 26

If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTH PLACE (State or foreign country)

Baltimore Md. U.S.A

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PINKNEY COHEN

14. MOTHER'S MAIDEN NAME

Alice E. Clifford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Roland E. Curtis 700 E. Chase St.

18.

518X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) HEMORRAGE DURING
OPERATION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) BRONCHO-PLEURAL-CUTANEOUS

DUE TO

FISTULA.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

JUNE 5, 1952

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1, 1952 to JUNE 5, 1952, that I last saw the
deceased alive on JUNE 5, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

S. H. H. H. H. H.

M. D.

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

JUNE 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

JUNE 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery Baltimore Md.

24D. LOCATION (City, town, or county)

(State)

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

Huntington Williams, M.D.

924 E. Eager

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2057

STANDARD STATE

2057



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5266

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Moorehouse

2. DATE
OF
DEATH

6-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 29 5300

D. STREET ADDRESS (If rural, give location)

823 Broeside Road

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE MARRIED.
WIDOWED DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1876

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joshua Kennedy

14. MOTHER'S MAIDEN NAME

Anna Mae Westhusky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

3

17. INFORMANT

Virginia Rogers

ADDRESS

823 Broeside Rd

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetes Mellitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardiovascular disease
Bilateral subdural

DUE TO

(C) 11 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

Wm. H. [Signature]

19A. DATE OF OPERATION

5-26-52

19B. MAJOR FINDINGS OF OPERATION

Bilateral subdural hygroma

CHIEF OR ASST. MEDICAL EXAMINER

M. D. 20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 25 1952

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

fell down steps

22. I hereby certify that I attended the deceased from May 31, 1952, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. K. Skipton

M. D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

6-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Presbiterian Ceme

24D. LOCATION (City, town, or county)

Holidaysburg Pa

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Chas P Towell

ADDRESS

6411 W. [Signature]

3038

32

BALTIMORE CITY BOARD OF DEPARTMENT

CENTRAL CITY BOARD

3038

32



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5267

BIRTH NO. 52 5267		1. NAME OF DECEASED (Type or Print) JOHN J. GRIFFIN		2. DATE OF DEATH June 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1724 Aliceanne Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 25, 1880	9. AGE (In years last birthday) 71	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Ill.	
13. FATHER'S NAME William Griffin		14. MOTHER'S MAIDEN NAME Anna Noonan		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Spanish American War		16. SOCIAL SECURITY NO. 220-18-6075		17. INFORMANT ADDRESS Walter Streeter, 338 Ashland Ave.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		CAUSE OF DEATH River Forest, Ill.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Streeter		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 6th, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) 5501 Frederick Ave Balto, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR George B. Weber		24H. ADDRESS 705 S. Penn st		24I. DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 11, 1905

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-160

52 5268

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5268

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna R. Weber

2. DATE
OF
DEATH

June 4th 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *617 S. Newkirk St.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

D. STREET ADDRESS (If rural, give location)

617 S. Newkirk St

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

Married

Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Elizabeth Forrest

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
George Weber 617 S. Newkirk St

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia, Bacteria June 3 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Ch. Myocarditis - 1952

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Ch. Arteriosclerosis 1943

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *April 26*, 19*52*, to *June 4*, 19*52*, that I last saw the deceased alive on *June 4*, 19*52*, and that death occurred at *3:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Alvan J. Reedman

M. D.

3426 South 4

June 5 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial June 7 1952

Oak Lawn

Eastern Ave Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Lee & Co. 1701-03 N. Patti Park Ave

JUN 6 - 1952

VS 150

5268

Mr Blechman 3426 Bank St.

52 5269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5269

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Chlopicki

2. DATE
OF
DEATH

June 4-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

2-01

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

403 S. Washington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. City

D. STREET ADDRESS (If rural, give location)

403 S. Washington St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11-1888

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar tender

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Chlopicki

14. MOTHER'S MAIDEN NAME

Josephine Budna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. I

16. SOCIAL
SECURITY NO.

213-18-3671

17. INFORMANT

Frank Chlopicki

ADDRESS

403 S. Washington St.

18. 199.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Metastatic Carcinoma

DUE TO

Intra-peritoneal

Primary source unknown

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 mo more

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-1952 to 6-4-1952 that I last saw the
deceased alive on 6-4-1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Danon

M. D.

23B. ADDRESS

3218 Eastern Ave

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

Burial

24B. DATE

June 9-1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS

VS 150

75064

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5270

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Gladys Major* 2. DATE OF DEATH *6-3-52*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
University Hospital C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Balto. *16-03*

D. STREET ADDRESS (If rural, give location)
627 N. Fulton Ave. Balto. Md.

c. Length of stay in Baltimore *Life* Yrs. _____ Mos. _____ Days _____
5. SEX *45* 6. COLOR OR RACE *Colored* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 8. DATE OF BIRTH *7/4/1909* 9. AGE (in years last birthday) *42* If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *H. W.* 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) *Md.* 12. CITIZEN OF WHAT COUNTRY? *USA*

13. FATHER'S NAME *Summerfield Washington* 14. MOTHER'S MAIDEN NAME *?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. *none* 17. INFORMANT ADDRESS *Geo. Major 911 N. Fulton Ave.* ✓

18. *170x and .002x* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma, breast - central
DUE TO *& possibly other metastases*

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertensive C-v Disease
DUE TO _____
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pulmonary Tuberculosis

19A. DATE OF OPERATION *2* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LAYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *4/25/52* 19*52*, to *6-3* 19*52*, that I last saw the deceased alive on *6-3* 19*52*, and that death occurred at *8:15* a.m., from the causes and on the date stated above.

23A. SIGNATURE *Roger D. Scott* 23B. ADDRESS *University Hospital* 23C. DATE SIGNED *6-3-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6/8/52* 24C. NAME OF CEMETERY OR CREMATORY *Mt Auburn* 24D. LOCATION (City, town, or county) (State) *Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 6 - 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR ADDRESS *Geo. W. Kelson*

VS 150

1303 Presstman St

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William Allender2. DATE
OF
DEATHJune 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEJOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

4-4-849. AGE (in years
last birthday)68 yrs.10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Va.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William O. Allender

14. MOTHER'S MAIDEN NAME

Mary Graham15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 332x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William V. Lundy, M.D.
CHIEF OR ASST. MEDICAL EXAMINERINTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Paget's Disease & Pathologic Fracture

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Above21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

Convulsion during Stroke22. I hereby certify that I attended the deceased from 5-22, 1952 to 6-4, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Lundy

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-5-5224A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialJune 8, 1952Sharp St CemeteryChaseMdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952Huntington Williams, Jr.Mr. Robt. A. Elliott's Daughter

VS 150

Med & Case 97099 2/12/57 N. Caroline St.

1957-58

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1957

Alfred J. ...

Charles ...

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CERTIFICATE CORRECTED 1/5/53
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5272**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Zech, John**2. DATE
OF
DEATH**June 4, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**Maryland**5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**St. Joseph's Hospital****LIFE**Yrs.
Mos.
DaysC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore #24**

D. STREET ADDRESS (If rural, give location)

3236 Foster Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Feb. 15, 18869. AGE (in years
last birthday)**66**10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Baker**10B. KIND OF BUSINESS OR
INDUSTRY**Drive-In Bakery**

11. BIRTHPLACE (State or foreign country)

Maryland, Baltimore12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Joseph Zech

14. MOTHER'S MAIDEN NAME

Frances Schaefer15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No****No**16. SOCIAL
SECURITY NO.**215-05-4828**

17. INFORMANT

ADDRESS

Mary Zech 3236 Foster Ave.

18.

576xDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Possible pulmonary tuberculosis ruled out by
gross autopsy report**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **1 Retroperitoneal abscess
Multiple pulmonary abscess**

DUE TO

(C) **2 Pul. Fibrosis
3 Pul. massive congestion**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**5 Adhesive pericarditis****Adhesive pericarditis**INTERVAL BETWEEN
ONSET AND DEATH**6/23/52**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 17**, 19**52** to **June 4**, 19**52** that I last saw the
deceased alive on **June 4**, 19**52**. and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd., Balto., Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952**Huntington Williams, M.D.****Charles J. Seiler****901 S. Conkling St.**

VS 150

500 44 609

Dr. Silverman, Director Tbc, BCID
contacted St. Joseph's Hospital and
got cross autopsy report.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5273

BIRTH NO. 52 5273

1. NAME OF DECEASED (Type or Print) Joseph W. Bolger			2. DATE OF DEATH June 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Cal 6			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 143 N. Linwood Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Feb. 24, 1897		9. AGE (In years last birthday) 55 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Guard		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Bolger Sr.			14. MOTHER'S MARDEN NAME Julian Fullam		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. ----		17. INFORMANT JOHNS HOPKINS HOSPITAL	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident	CAUSE OF DEATH Cerebro-vascular accident	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease	Arteriosclerotic cardiovascular disease	1-2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-29 , 19 52 to 6-4 , 19 52 , that I last saw the deceased alive on 6-4 , 19 52 , and that death occurred at 5:45 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Thomas Franklin Williams		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/7/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John A. Moran 3000 E. Balto. St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased: *John Doe*

2. Date of Death: *10/15/1950*

3. Place of Death: *New York City*

4. Cause of Death: *Heart Disease*

5. Age at Death: *65*

6. Sex: *Male*

7. Race: *White*

8. Marital Status: *Married*

9. Occupation: *Teacher*

10. Signature of Physician: *[Signature]*

11. Signature of Registrar: *[Signature]*

12. Date of Registration: *10/20/1950*

CERTIFICATE CORRECTED 9-26-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5274

1. NAME OF DECEASED
(Type or Print) **MARGARET MARY PATTERSON KELLY**

2. DATE OF DEATH **June 6, 1952**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
4011 Keswick Road

5. SEX **female**
6. COLOR OR RACE **white**
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **JAN. 22, 1904**
9. AGE (In years last birthday) **48**
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**
11. BIRTHPLACE (State or foreign country) **MO.**
12. CITIZEN OF WHAT COUNTRY? **U.S.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**
10B. KIND OF BUSINESS OR INDUSTRY **OWN HOME**

13. FATHER'S NAME
HENRY PATTERSON

14. MOTHER'S MAIDEN NAME
MARGARET TYSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
HOSP. REC

18. **581-0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Edema**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cirrhosis of the Liver**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒
23C. DATE SIGNED **June 6, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL
6-9-1952
DRUID RIDGE

PIKESVILLE
MD.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 6 - 1952

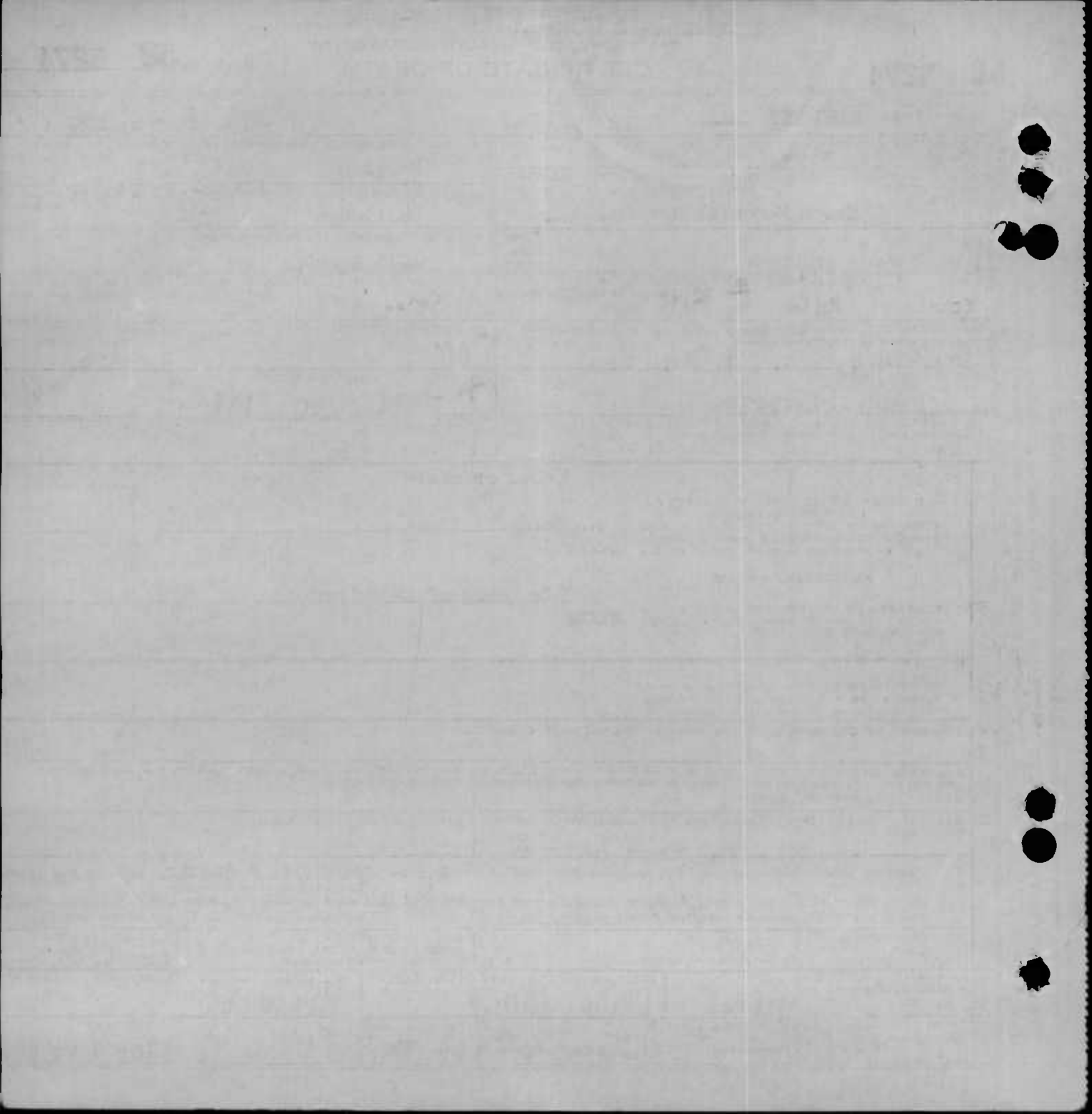
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5275**

BIRTH NO. **52-11912**

1. NAME OF DECEASED (Type or Print) Balmy Bay Naylor		2. DATE OF DEATH June 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4240 Penn		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 115 N. Front St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6-15-2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 4
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Paul Naylor		14. MOTHER'S MAIDEN NAME La Rue - Graft	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4d
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-2 19 52 , to 6-5 , 19 52 that I last saw the deceased alive on 6-5 19 52 , and that death occurred at 515 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE Victor Turner MD		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 7-52	24C. NAME OF CEMETERY OR CREMATORY Westminster Cem.	24D. LOCATION (City, town, or county) (State) Westminster Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS H. Bankard, Son Westminster, Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Washington, D. C., June 1, 1902

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,

Yours very truly,

W. B. Fernald

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are two copies of a report on the subject of the

proposed changes in the classification of the various species of the

genus *Peromyscus*.

I am, Sir, very respectfully,

Yours very truly,

W. B. Fernald

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

I am, Sir, very respectfully,

Yours very truly,

W. B. Fernald

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5276

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie Stakes

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1526 Arroyo Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-9-97

9. AGE in years (last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BARBER

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Stakes

14. MOTHER'S MAIDEN NAME

Oelia Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Mesenteric thrombosis

2 days

DUE TO

Multiple pulmonary thrombi

(B)

Patent foramen ovale

DUE TO

Metastatic CA and nodular prostate

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CA prostate with metastases.

19A. DATE OF OPERATION

Palmit 25 May 52

19B. MAJOR FINDINGS OF OPERATION

Metastatic CA epidural space

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1952, to 6-4, 1952, that I last saw the deceased alive on 6-4, 1952, and that death occurred at 7:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Brown

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 8/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Brooks Ruggold 1403 N. Carey St

ADDRESS

TO THE DIRECTOR, FBI

FROM THE DIRECTOR, FBI

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5277
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>John A Jones</i>			2. DATE OF DEATH <i>6/4/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>16-03</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1123 N. Fulton Ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>July 25, 1898</i>		9. AGE (in years last birthday) <i>54</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gen.</i>	11. BIRTHPLACE (State or foreign country) <i>Halifax N.C.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>James Jones</i>			14. MOTHER'S MAIDEN NAME <i>Mary Harris</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Mary Jones 1123 N. Fulton St</i>		
18. <i>434.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart Failure</i>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/26</i> 19 <i>52</i> to <i>6/4</i> 19 <i>52</i> that I last saw the deceased alive on <i>6/4</i> 19 <i>52</i> , and that death occurred at <i>5:15 p</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. G. Giondski</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>6/4/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 8, 52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	
24D. LOCATION (City, town, or county) <i>Balto County</i>		24E. (State) _____		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, Mrs. Sarah L. Brown Box 1080</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 6 - 1952</i>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR ADDRESS _____	

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MAINTENANCE OF THE ROAD TO THE

WATER - 10 27 1873

1753



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5278

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Frushy

2. DATE
OF
DEATH

June 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

308 E 23rd St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-08th

D. STREET ADDRESS (If rural, give location)

308 E. 23rd St

C. Length of stay in Baltimore

35 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 11, 1879

9. AGE (in years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Warrington Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Monroky

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

OF INJURY

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 1, 1951, to June, 1952, that I last saw the
deceased alive on 6-2-1952 and that death occurred at 2:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

Huntington Williams, M.D.

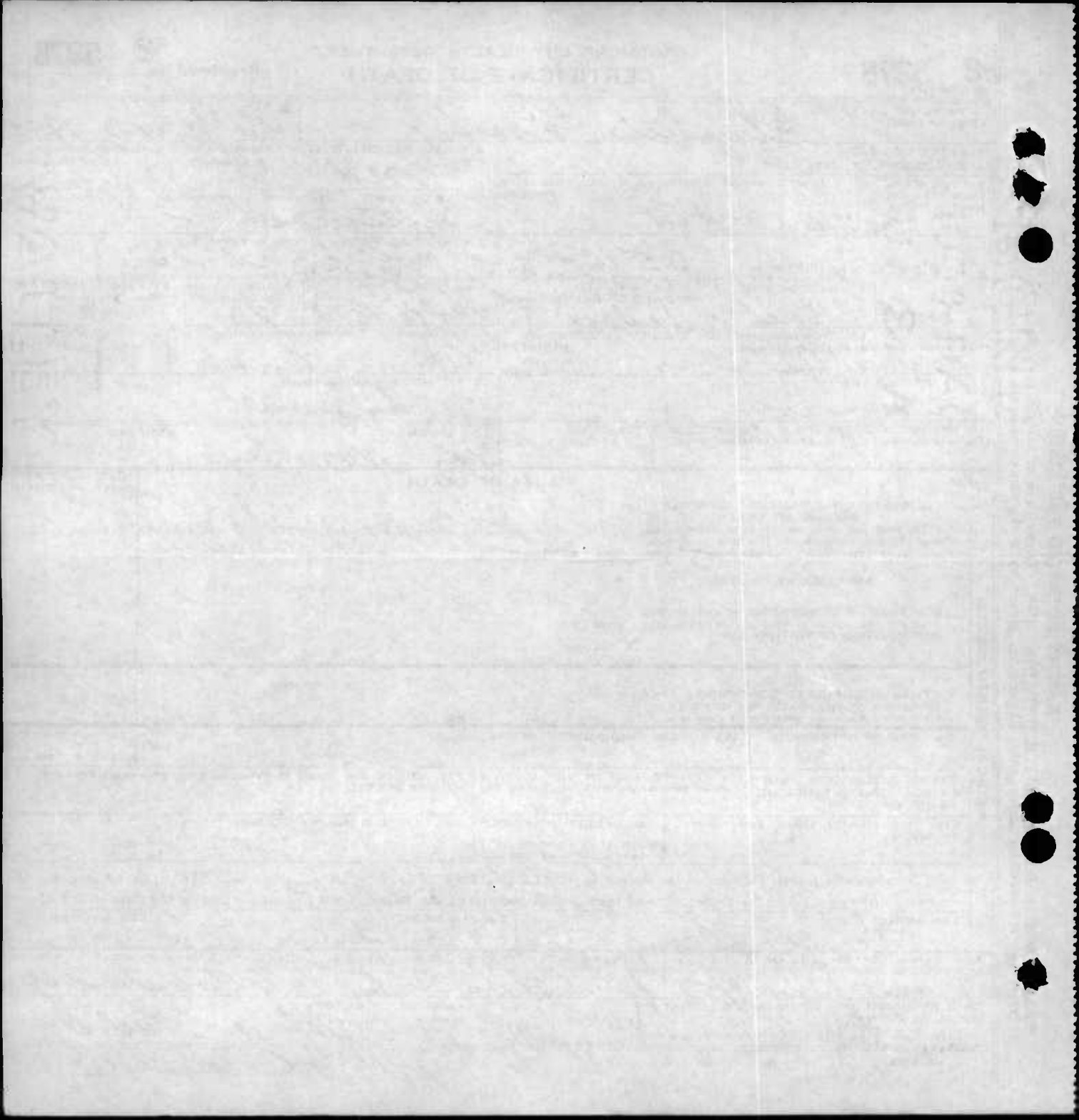
Mrs. P.H. G. Elliott, Jr.

VS 150

1129 N. Caroline St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5279**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**JAMES L. BENDA**2. DATE
OF DEATH **June 5, 1952**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**b. FULL NAME OF
HOSPITAL OR
INSTITUTION**South Baltimore General Hospital**

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lansdowne

d. STREET ADDRESS (If rural, give location)

245 Second Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Single**

8. DATE OF BIRTH

Nov. 9, 19369. AGE (In years
last birthday)**15**If Under 1 Year
Months: Days**6 26**If Under 24 Hours
Hours: Min.**26**10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Loyola School**10b. KIND OF BUSINESS OR
INDUSTRY**School**

11. BIRTHPLACE (State or foreign country)

Baltimore12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence J. Benda

14. MOTHER'S MAIDEN NAME

Clara Allenbaugh15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no****no**16. SOCIAL
SECURITY NO.**None**

17. INFORMANT

Lawrence J. Benda 245 2nd Ave.

ADDRESS

Lansdowne
INTERVAL BETWEEN
ONSET AND DEATH18. **E929.8**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Asphyxia**
DUE TO **drowning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)**lake**21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)**Near intersection of Puget & Brohawn Sts.**21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY**June 5, 1952 4:00 P. m.**21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21f. HOW DID INJURY OCCUR?

Drowned while swimming**25742**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley K. Dunlop M.D.23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23c. DATE SIGNED
June 6, 195224a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial June 9, 1952 New Cathedral BaltimoreDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952**Huntington Williams M.D.****52279 Cole, 1913 W. Balto**

VS 151

N 990X

STOP 51

STOP 51

STOP 51



N 52-230
5280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5280

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

NASSET

2. DATE
OF
DEATH June 6, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fullerton

D. STREET ADDRESS (If rural, give location)

9 Glade Avenue

C. Length of stay in Baltimore

50 years

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 2, 1890

9. AGE (In years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Newspaper

11. BIRTHPLACE (State or foreign, country)

Fredericksburg Va

12. CITIZEN OF WHAT COUNTRY?

US A

13. FATHER'S NAME

George Nasset

Fredericksburg Va

14. MOTHER'S MAIDEN NAME

Margaret J Stewart Belts Md

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Margaret Nasset

ADDRESS

18. E976X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bullet wound of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

9 Glade Avenue - Fullerton, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 6, 1952 6:15 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

June 6, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkland Cemetery

24D. LOCATION (City, town, or county)

Jayford Ave Belts Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Robert L. Hilly

ADDRESS

4642 Belair Rd

V S 151

N 803.4

690 424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0052

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THE UNIVERSITY OF CHICAGO
LIBRARY

0052



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5281**

1. NAME OF DECEASED (Type or Print) William John Kellinger		2. DATE OF DEATH June 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pine Crest Sanatorium		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1729 N. Patterson Park Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 26, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Clerk		10B. KIND OF BUSINESS OR INDUSTRY Hardware Store	9. AGE (In years last birthday) 80
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Albert C. Kellinger, 2805 Erdman Avenue		ADDRESS	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic MYO CARDITIS & MYOCARDIAL DEGENERATION DUE TO Generalized Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1948 to June 5, 1952 , that I last saw the deceased alive on June 4, 1952 , and that death occurred at 2:05 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Melvin N. Borden		23B. ADDRESS 5000 Old Frederick Road	
23C. DATE SIGNED 6/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/9/52	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

12521

CERTIFICATE OF DEATH

12521

DATE OF BIRTH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5282
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert J. Fontz

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1908 Wilkins Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1908 Wilkins Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 19, 1893

9. AGE (In years last birthday)

58

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Fontz

14. MOTHER'S MAIDEN NAME

Josephine Conoway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

217-05-4280

17. INFORMANT

ADDRESS

Louise Fontz, 15 S. Ellamont Street

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to June 4, 1952, that I last saw the deceased alive on 6-3-1952, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas B. Kreibitz

M. D.

23B. ADDRESS

5-4 S. Fulton Ave

23C. DATE SIGNED

6-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.,

1217 St. Paul Street

VS 150

682 FA

MEDICAL CERTIFICATION

532
52 5282

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully reported. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5057

50

STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF DEFENSE

5057



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5283**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY K. LAING

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2122 Summit Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 21, 1882

9. AGE (In years, last birthday)

70

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

13. FATHER'S NAME

George Dixon

14. MOTHER'S MAIDEN NAME

Lydia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Angela Ryckman, 2122 Summit Avenue

18. **151X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Coronary occlusion**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of stomach**

DUE TO

2 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1, 1951**, to **June 4, 1952** that I last saw the deceased alive on **June 4, 1952**, and that death occurred at **4:45 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

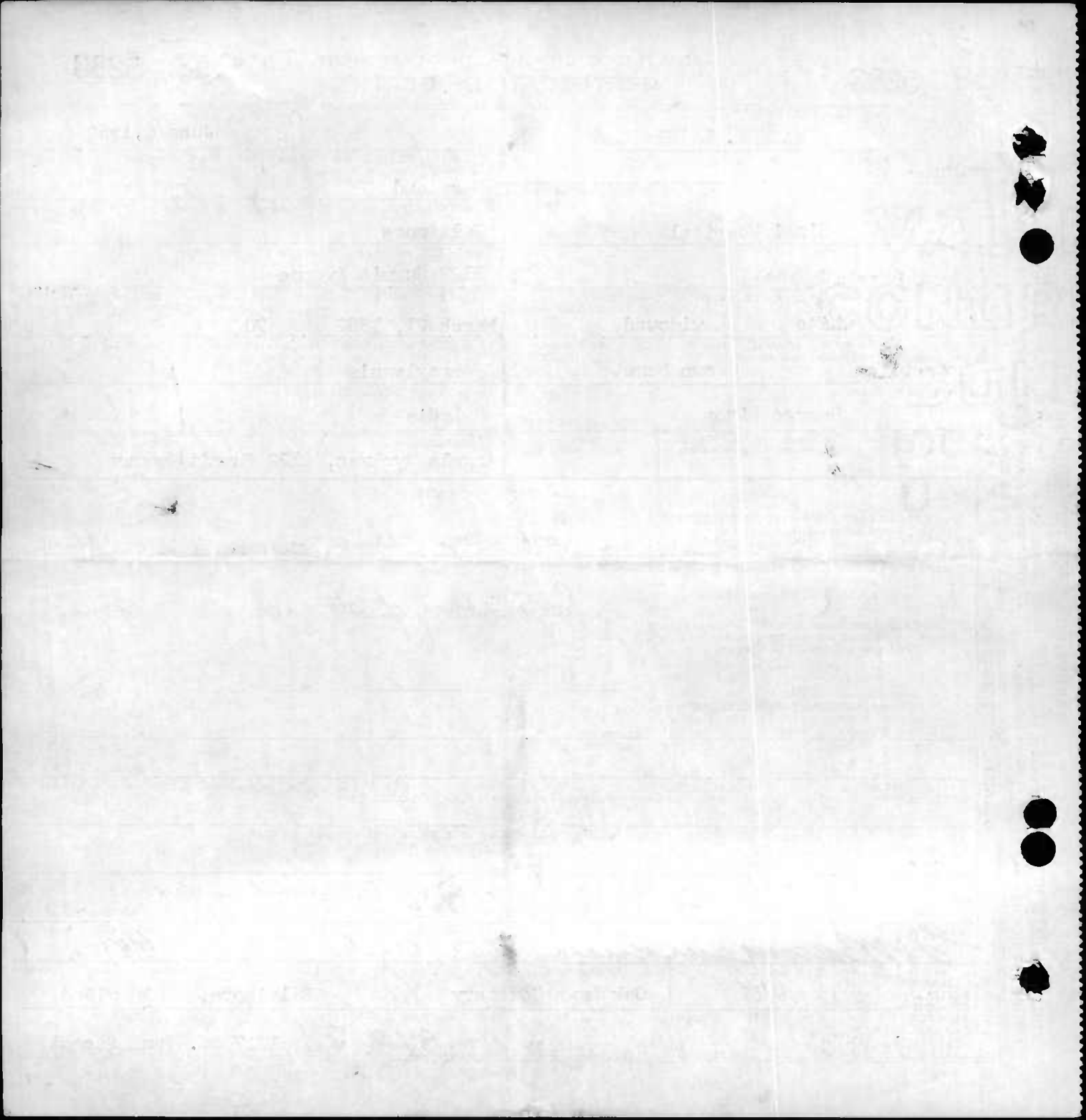
ADDRESS

JUN 6 - 1952

Wilmington Williams, M.D.

Wm. Brook, Inc.

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE J. HAND

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

2637 Cecil Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 26, 1899

9. AGE (In years
last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Balto City Fire Dept. Act. Lieut

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George J. Hand

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Hand, 2637 Cecil Ave.

18. E 816.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushed chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

34th Street and Charles Street Avenue

21D. TIME (Month) (Day) (Year) (Hour)

June 4, 1952 7:30 P.m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Passenger in collision of two fire trucks

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leopold P. Buck

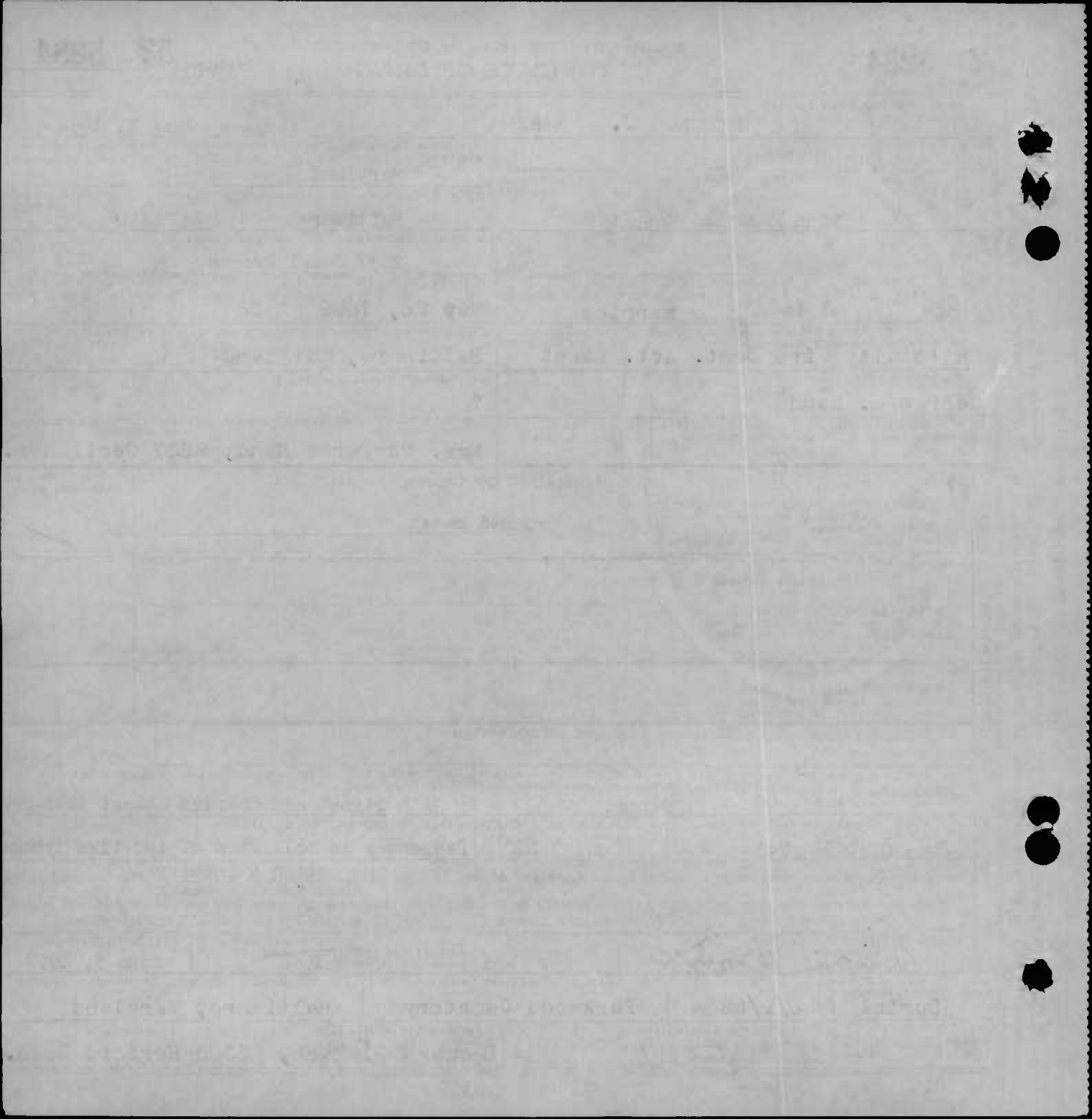
ADDRESS

5305 Harford Road.

VS 151

N 862.2

762 93



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5285
Registered No. 52 5285

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brooks, Norman Edward

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore #13

D. STREET ADDRESS (If rural, give location)

3300 Ravenwood Avenue

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 31-1937

9. AGE (In years
last birthday)

14

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Robert Brooks

14. MOTHER'S MAIDEN NAME

Mary A Shaffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary A. Brooks - SAME

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetic acidosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mongolian idiocy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1952, to June 5, 1952, that I last saw the
deceased alive on June 5, 1952 and that death occurred at 1:10 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 - 1952

Huntington Williams M.D.

J. L. Luck

5305 Harford Rd.

10-2882

CERTIFICATE OF DEATH

10-2882



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

N-200
52 5286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5286
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			HILDA GRACE NESS			6-6-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
B. FULL NAME OF HOSPITAL OR INSTITUTION			Md.			B. COUNTY Carroll		
C. Length of stay in Baltimore			C. CITY OR TOWN Westminster RFD. 3			D. STREET ADDRESS (If rural, give location)		
5. SEX F			6. COLOR OR RACE W			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			8. DATE OF BIRTH		
Housewife						12-9-09		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			9. AGE (In years, last birthday)		
Elmer Bollinger			Mary Ella Wautz			42		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT		
			None			Joseph E. Ness Westminster Md		
18. 416X			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Congestive heart failure			?		
ANTECEDENT CAUSES			(B) Rheumatic heart disease					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY?								
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-29-52, to 6-6-52, that I last saw the deceased alive on 6-6-52, and that death occurred at 6:45 A.M., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
Wm. H. H. Shea M. D.			Mersey			6-6-52		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			June 8/52			Meadow Branch		
24D. LOCATION (City, town, or county)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Westminster Md			H. Bonhard			Anno Westminster Md		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR		
JUN 6 - 1952			Huntington Williams, M.D.			H. Bonhard		

3232

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DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

3232



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5287

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hepatomegally + Carditis megalis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Congestive Heart Failure
(C) Rheumatic Heart DiseaseII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., is or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 6-6-1952 to 6-6-1952 that I last saw the
deceased alive on 6-6-1952 and that death occurred at 1:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

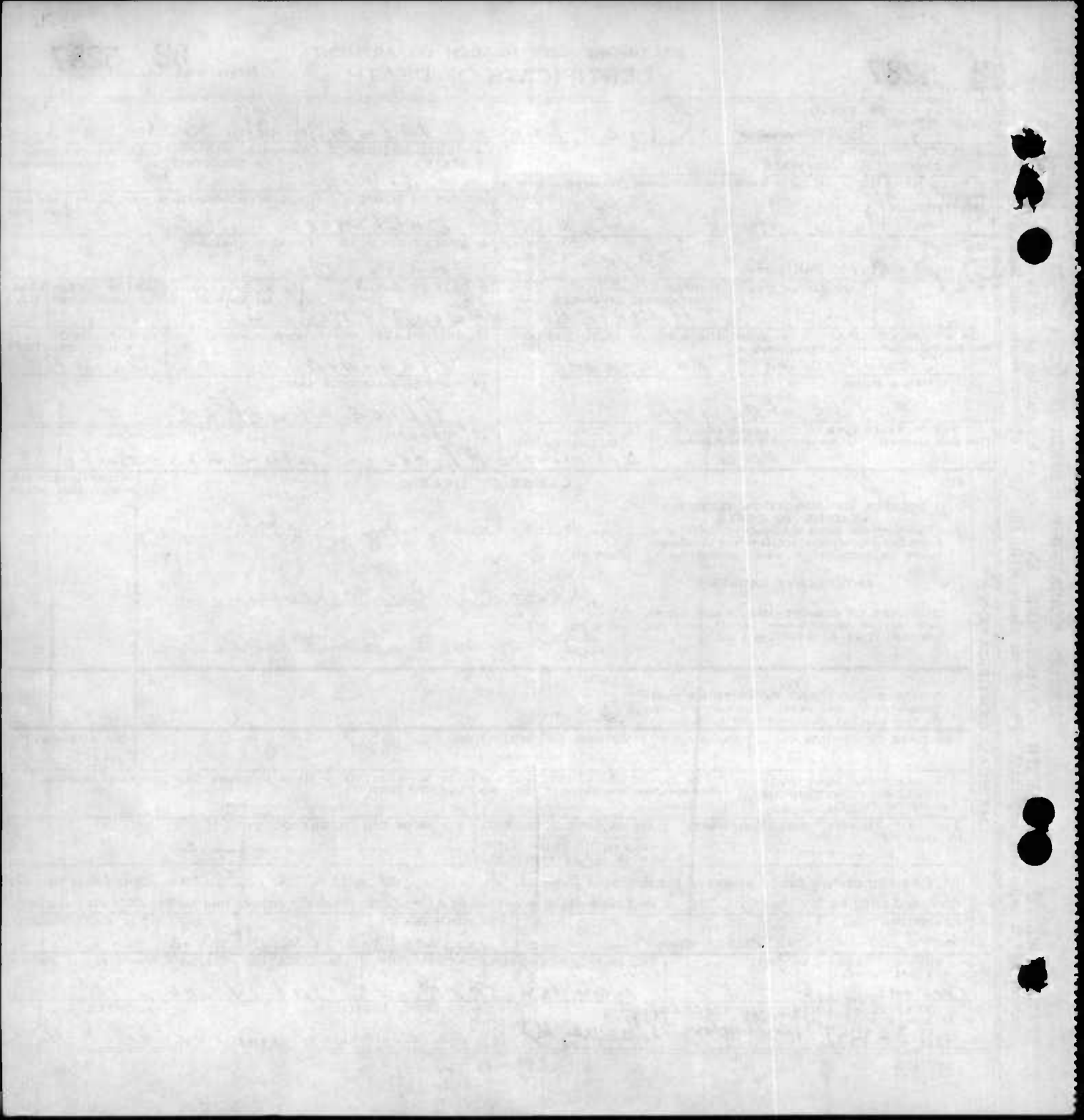
25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1952

Huntington Williams, M.D.

Geo. L. Schwab 2101 Frederick Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5288
Registered No.

1. NAME OF DECEASED (Type or Print) Della FORD		2. DATE OF DEATH 6 June 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland, Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05	
C. Length of stay in Baltimore 46 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3823 Pascal Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10/7 1977
9. AGE (In years last birthday) 74 75		10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) AD		16. SOCIAL SECURITY NO.	
17. INFORMANT B L Hoppling		ADDRESS unpublished	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary edema DUE TO left heart failure Anteriosclerotic heart disease none		INTERVAL BETWEEN ONSET AND DEATH 22 hrs many years	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3 June , 1952, to 6 June , 1952, that I last saw the deceased alive on 6 June , 1952, and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE William F. Kremer M.D.		23B. ADDRESS Lutheran Hospital, Balto.	
23C. DATE SIGNED 6 June '52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 10/52	
24C. NAME OF CEMETERY OR CREMATORY Green Haven		24D. LOCATION (City, town, or county) (State) Green Burial Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md	
25. FUNERAL DIRECTOR B L Hoppling		ADDRESS unpublished	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5289**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ELLA L. SOEDER**2. DATE
OF
DEATH**JUNE 3: 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**4 NORTH MONROE STREET**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

D. STREET ADDRESS (If rural, give location)

4 NORTH MONROE STREET

c. Length of stay in Baltimore

80Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

10-1-18709. AGE (In years
last birthday)**81**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HOUSEWIFE**10B. KIND OF BUSINESS OR
INDUSTRY**AT HOME**

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA Pa.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

HENRY CORTES

14. MOTHER'S MAIDEN NAME

JOHANNA FREIKING15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ocknowo) (If yes, give war or dates of service)**NO.....**16. SOCIAL
SECURITY NO.**NONE.....**

17. INFORMANT

ADDRESS

ANDREW SOEDER..4 N. Monroe Street18. **422.2**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Myocarditis; Auricular fibrillation****1 yr.**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb./51**, 19__, to **6/3/52**, 19__, that I last saw the
deceased alive on **6/3/52**, 19__, and that death occurred at **10:10 P.M.** from the causes and on the date stated above.

23A. SIGNATURE

W. S. Hanahan

M. D.

23B. ADDRESS

1945 W. Balto. Street

23C. DATE SIGNED

6/6/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

JUNE 7-1952

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLANDDATE RECEIVED BY
LOCAL REGISTRAR**JUN 7 - 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. B. Wippert & Son

2200

RECEIVED

DEPT. OF HEALTH

JUN 20 1922

RECEIVED

WASH DC

A NOTICE IS HEREBY

TO ALL PERSONS

10-1-10W

RECEIVED

RECEIVED

RECEIVED

THANKS VERY MUCH

RECEIVED

RECEIVED



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5290**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA KRAFT

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Md.**

B. COUNTY **Howard**

B. FULL NAME OF HOSPITAL OR INSTITUTION

37 Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

D. STREET ADDRESS (If rural, give location)

Columbia Rd. 6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 10, 1875

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jacob Kern

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Bassler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Emma Thompson, Ellicott City, Md.

ADDRESS

18.

170x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Breast

DUE TO

(B)

& Metastases

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-6**, 19**52** to **6-6**, 19**52** that I last saw the deceased alive on **6-6**, 19**52** and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

(e) Dr. H. H. Shear, D.

23B. ADDRESS

Mercy

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-9-52

24C. NAME OF CEMETERY OR CREMATORY

St. Johns

24D. LOCATION (City, town, or county) (State)

Ellicott City, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F.C. Higinbotham, Ellicott City, Md.

ADDRESS

0852 53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5291
Registered No.

52 5291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAVINIA A. Woinquist

2. DATE
OF
DEATH

6-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1719 W. LAFAYETTE AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

16-03

D. STREET ADDRESS (If rural, give location)

1719 W. LAFAYETTE AVE.

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

F

C.

Wid.

MAY 16, 1884

68

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES A. Thompson

14. MOTHER'S MAIDEN NAME

LAVINIA TYNES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EULALIA STEVENSON 1719 W. LAFAYETTE AVE.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sensitivity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/2, 1912, to 6/5, 1952, that I last saw the
deceased alive on 6/5, 1912, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

6-8-58

ARBOTUS MEM. PK.

ARBOTUS. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

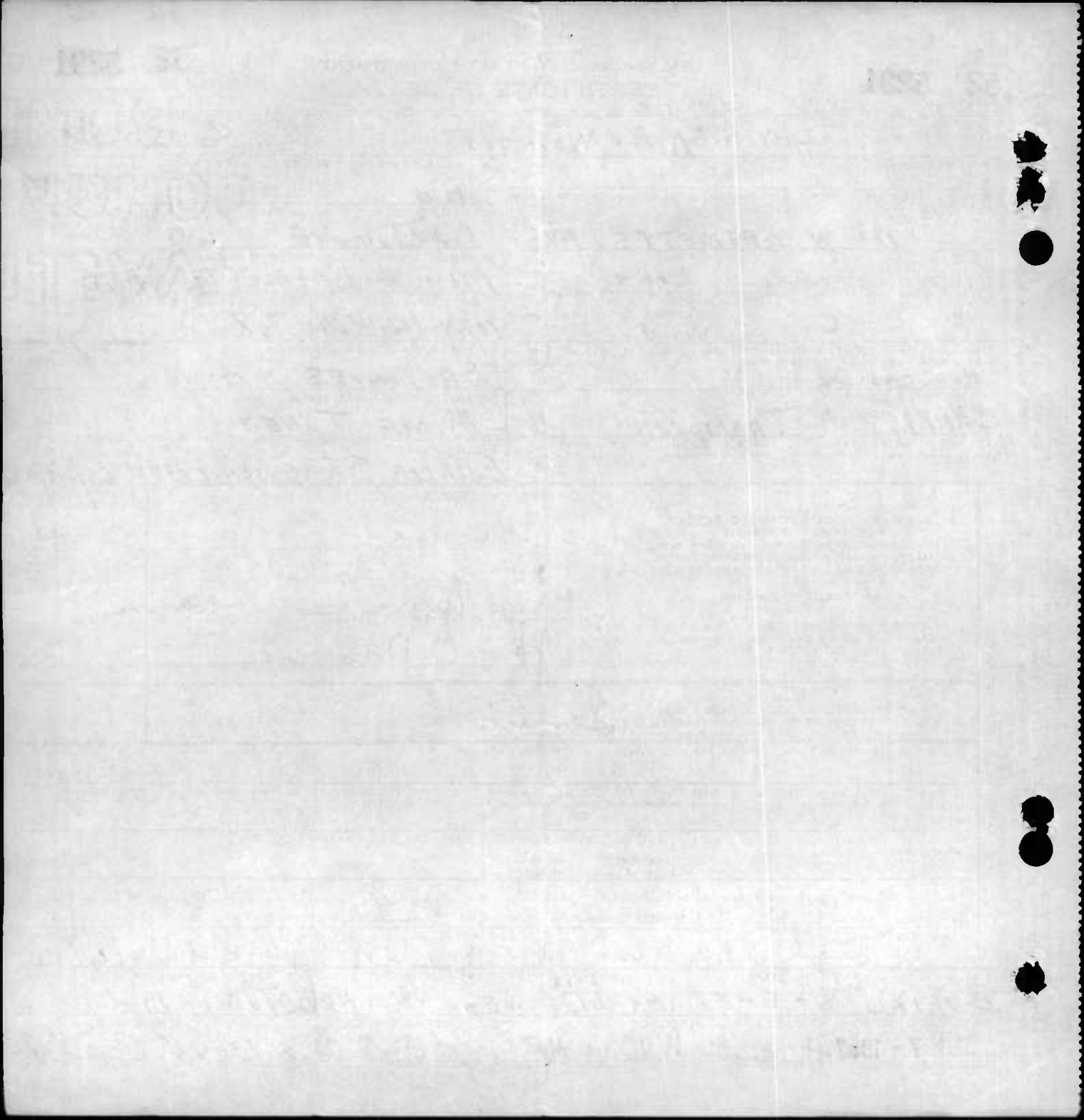
25. FUNERAL DIRECTOR

ADDRESS

JUN 7-1952

Huntington Williams, M.D.

Joseph S. Lock, Jr. 1304 N. Central Ave



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 5292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAWRENCE / GILBERT

2. DATE OF DEATH June 6, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1119 N. Calvert Street

c. Length of stay in Baltimore

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
May 23, 1891

9. AGE (In years last birthday) 61
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ENGINEER (STAFF)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
WYTHE CO VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Sanders Gilbert

14. MOTHER'S MAIDEN NAME
Laura Kirby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
228-10-7300

17. INFORMANT ADDRESS
Porterfield Funeral Home, Wytheville, Va.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
June 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

24B. DATE
6/7/52

24C. NAME OF CEMETERY OR CREMATORY
WEST END CEM.

24D. LOCATION (City, town, or county) (State)
WYTHEVILLE VA.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. F. Fickensons North Pa Ave

1957

51

1957



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5293

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BLANCHE R. LYNCH

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2416 Eutaw Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2416 Eutaw Place

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 12, 1899

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Wilmington, Del

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Herbert Foraker

14. MOTHER'S MAIDEN NAME

Ella Spence

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. William C. Lynch 2416 Eutaw Place

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Post. cerebral Hemorrhage

5 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Thrombosis

3 yrs.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March - 1949 to Aug - 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul G. Chambers

23B. ADDRESS

4108 Liberty Hts. Co

23C. DATE SIGNED

6/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/7/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Wilmington, Del

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tucker & Sons, Inc. Balto Md

VS 150

5290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5294**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Catherine Dillon

2. DATE
OF
DEATH

6/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Bon Secours Hospital**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

4205 St. Paul St. Balto. 18, Md.

5. SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/13/91

9. AGE (In years last birthday)

60

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

William Dillon

14. MOTHER'S MAIDEN NAME

Agnes Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Frank J. Geraghty 4205 St. Paul St.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive Arteriosclerotic Cardio Renal Disease**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral Pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 24**, 19**52**, to **June 6**, 19**52**, that I last saw the deceased alive on **June 6**, 19**52**, and that death occurred at **9:55am.**, from the causes and on the date stated above.

23A. SIGNATURE

D. Geraghty

23B. ADDRESS

M. D.

Bon Secours Hospital

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

St. Michaels Cemetery

24D. LOCATION (City, town, or county)

Frostburg. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1952

Huntington Williams, M.D.

Wm. J. Tucker - Sons Inc Balto Md

VS 150

5294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. If there is any error, please write the causes of death clearly and legibly. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1952

WEDNESDAY

1952

1952

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1952

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5295**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD A. BREMKER

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2954 Clifton Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2954 Clifton Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 10, 1882

9. AGE (In years, last birthday)

70

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

FREDERICK BREMKER

14. MOTHER'S MAIDEN NAME

LAURA BLAKELY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-10-1573

17. INFORMANT

Mrs. Carrie B. Bremker

ADDRESS

Above

18. **260X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

15 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus

10 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **June 5, 1952**, to **June 5, 1952**, that I last saw the deceased alive on **June 5, 1952** and that death occurred at **11:45 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

D. Robertson

23B. ADDRESS

2835 Guyman Road PK

23C. DATE SIGNED

6/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

DAVID RIDGE CEM.

24D. LOCATION (City, town, or county) (State)

PIKESVILLE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Johnson

ADDRESS

2835 Guyman Rd Balto Md

VS 150

631 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copy. The corrected page is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1935

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5296
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Skarupa

2. DATE
OF
DEATH

June 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Cal 6

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

324 S. Wolfe St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sep. 29 1912

9. AGE (In years,

last birthday)

10. Under 1 Year
Months: Days
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cresser

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Skarupa

clothing

14. MOTHER'S MAIDEN NAME

Rose Isador

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216 - 07 6638

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *581.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Laennec's cirrhosis*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-16*, 19*52*, to *6-5*, 19*52*, that I last saw the deceased alive on *6-5*, 19*52*, and that death occurred at *135A* m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Williams

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 9 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

Balto. County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John H. Wibley

ADDRESS

401 S. Chester Street

VS 150

690 4G

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

STATE OF TEXAS
COUNTY OF DALLAS

James W. Smith



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5297**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stellan M. Thum

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 5

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1217 E. Belvedere Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 25, 1903

9. AGE (In years last birthday)

48

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William A. Carlin

14. MOTHER'S MAIDEN NAME

Edith Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *201X and 002X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hodgkins Disease*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis, inactive

6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-11*, 19*52* to *6-6*, 19*52*, that I last saw the deceased alive on *6-6*, 19*52*, and that death occurred at *5:10 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/6/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/10/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Sepulchre

24D. LOCATION (City, town, or county) (State)

Phila, Penna

DATE RECEIVED BY LOCAL REGISTRAR

JUN 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copy. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1937

10

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Sex		Race	
Marital Status		Cause of Death	
Occupation		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Report		Time of Report	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5298**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred Thomas Gundry

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
5002 Frederick Ave.

C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
5002 Frederick Ave.

c. Length of stay in Baltimore

74 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W

8. DATE OF BIRTH

May 1, 1870

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Gundry

14. MOTHER'S MAIDEN NAME

Mary Martha Fitz-Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alfred T. Gundry Jr.

1B.

332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral thrombosis

20 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

several years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

emphysema with chronic bronchitis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 2, 1952* to *June 5, 1952*, that I last saw the deceased alive on *June 5, 1952*, and that death occurred at *12-05 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert K. Gundry

23B. ADDRESS

5002 Frederick Ave. Baltimore 29

23C. DATE SIGNED

6-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

June 7, 1952

Druid Ridge

Pikesville

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 - 1952

Huntington Williams, MD

John O. Mitchell, Sr.

1900 Eutaw Pl.

VS 150

95280005295

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be clearly and legibly correct. This is especially important. Physicians: please write the causes of death clearly and legibly.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication from the President to the Congress since the inauguration of Abraham Lincoln. The letter discusses the state of the Union and the challenges facing the country at the time.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

623
52 5299
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5299
Registered No. _____

1. NAME OF DECEASED (Type or Print)		Simon Barksdale		2. DATE OF DEATH 6/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore, Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01	
c. Length of stay in Baltimore		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 312 N. Fulton Ave	
5. SEX M.	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11/17/1881		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (State or foreign country) Southern Va.	
13. FATHER'S NAME Jasper Barksdale		12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME Clara ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Henderson Barksdale	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Hemorrhage Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH		ADDRESS 312 N. Fulton Ave	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/27/52, 19__, to 6/4/52, 19__, that I last saw the deceased alive on 6/4/52, 19__, and that death occurred at 11:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE D. Gonioudakis		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 6/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE June 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Southern Va.	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
ADDRESS 322 N. Schuylkill St.		ADDRESS 322 N. Schuylkill St.		ADDRESS 322 N. Schuylkill St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5300

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie Owens

2. DATE
OF
DEATH

6/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

17-03

D. STREET ADDRESS (If rural, give location)

506 Cloggett St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Fe

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

2/22/1883

9. AGE (In years
last birthday)

69

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Richmond, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Washington

14. MOTHER'S MAIDEN NAME

Louisa

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Doc. Washington

ADDRESS

Chapin St.

18. 029x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Lues

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/52, 19, to 6/5/52, 19, that I last saw the
deceased alive on 6/5, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. S. Goniondski

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

6/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

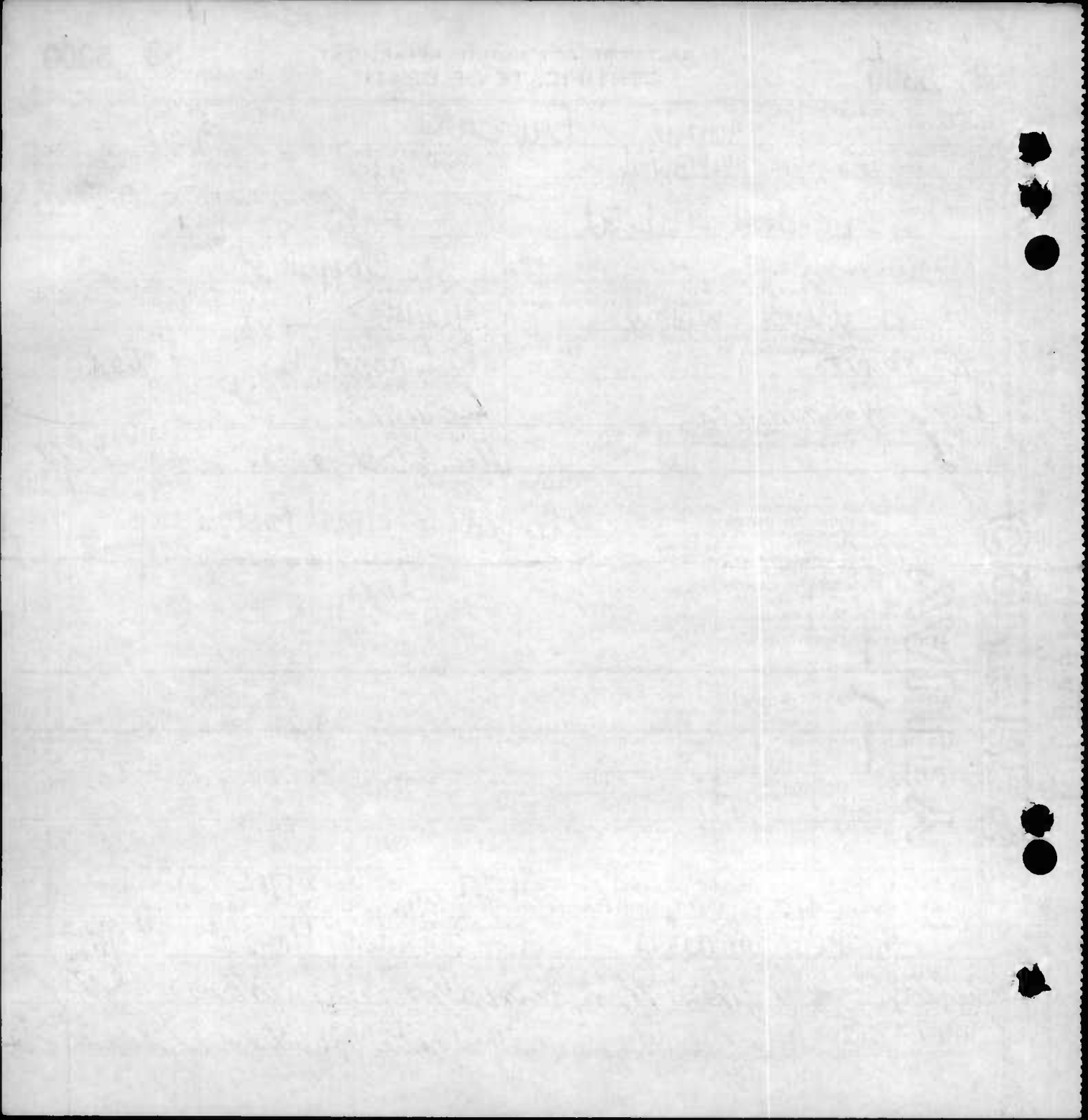
322 N.

JUN 7 - 1952

Huntington Williams, M.D.

Mrs. Katie B. Williams

Schroeder St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5301

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TROY Joshua CARICO

2. DATE
OF DEATH June 7, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Maryland Baltimore

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

White Hall

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

white

Married

B. DATE OF BIRTH

5/15/1878

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ennice, N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Carico

14. MOTHER'S MAIDEN NAME

Caroline Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Emma A. Carico

ADDRESS

Above

18. 260 X and E 902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetes

DUE TO

Laceration of scalp

ANTECEDENT CAUSES

(B)

DUE TO

Arteriosclerotic cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

White Hall, Maryland

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 27, 1952

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21f. HOW DID INJURY OCCUR?

Fell from roof to ground

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William W. Lovell

M.D.

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23c. DATE SIGNED
June 7, 195224a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6/10/52

24c. NAME OF CEMETERY OR CREMATORY

Belair Mem. Gardens

24d. LOCATION (City, town, or county)

Belair, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 7 - 1952

REGISTRAR'S SIGNATURE

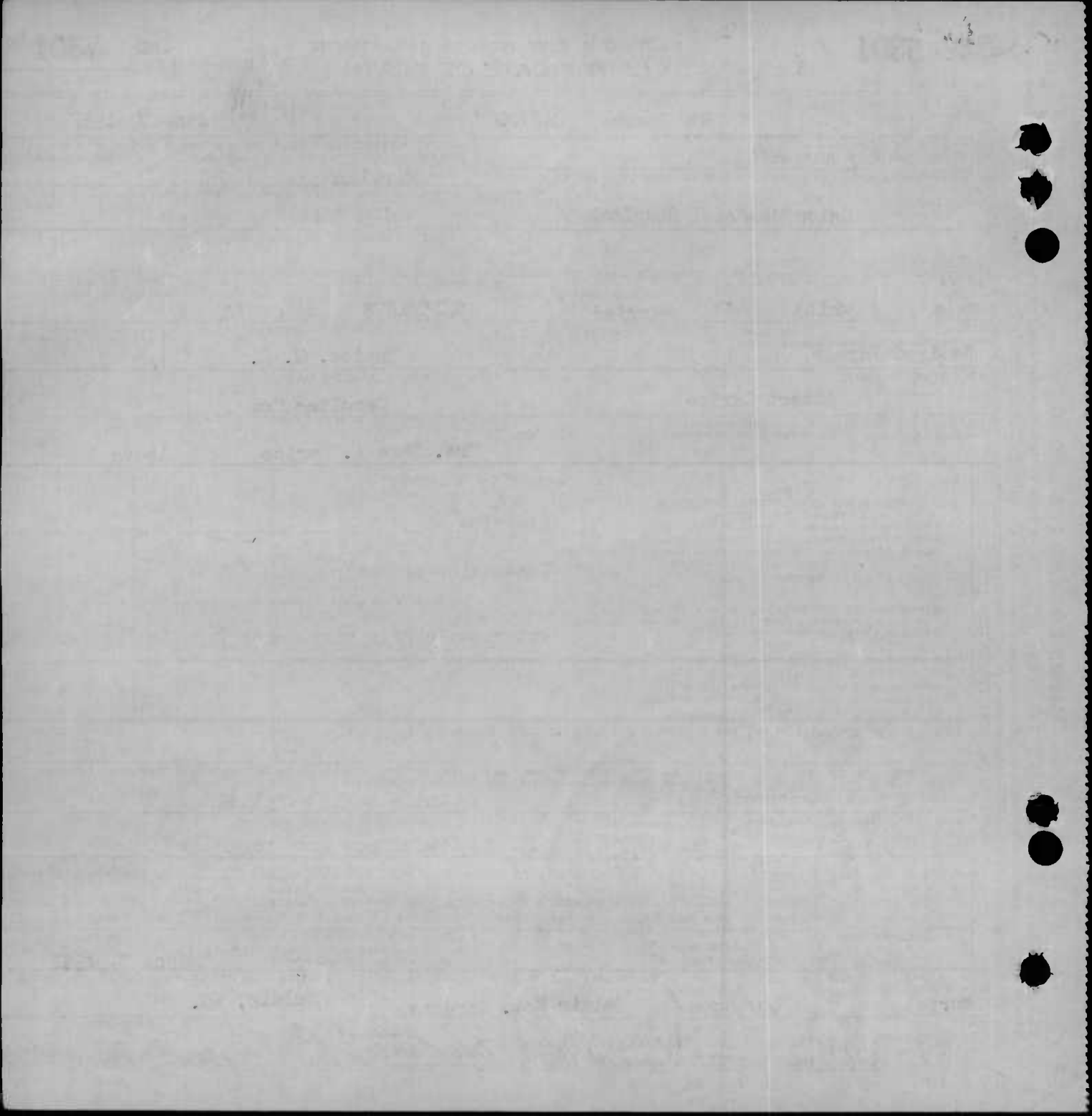
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Marion E. Kurtz-Jarrettville

ADDRESS

2nd



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5302
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Winston Leon Hughes			2. DATE OF DEATH June 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 815 West North Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____ C. CITY OR TOWN 815 West North Ave. Baltimore Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			D. STREET ADDRESS (If rural, give location) _____		
c. Length of stay in Baltimore Life			Yrs. _____ Mos. _____ Days _____		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 28, 1915	9. AGE (In years last birthday) 36	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Mgr.		10B. KIND OF BUSINESS OR INDUSTRY Gulf Gasoline Co.	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Thomas C. Hughes			14. MOTHER'S MAIDEN NAME Anna M. Hickey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW11 195-07-2931	17. INFORMANT Vernona Henry Hughes		
			ADDRESS _____		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) advanced active pulmonary tuberculosis 1 yr		CAUSE OF DEATH 815 W. North Ave.	INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) _____ DUE TO _____	
		(B) _____ DUE TO _____	
		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan , 19 50 , to June 5 , 19 52 , that I last saw the deceased alive on June 4 , 19 52 , and that death occurred at 3:00 PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Ellsworth</i>		23B. ADDRESS 2431 Maryland Ave.		23C. DATE SIGNED 6-6-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 9, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
				24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR Ellsworth Armacost	
				ADDRESS 4600 Liberty Heights Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2906K

100-30000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Washington, D.C.

May 1, 1964

Mr. J. Edgar Hoover

Director

Re: [illegible]

Very truly yours,

[illegible signature]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

[illegible text]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5303**

BIRTH NO. **52 5303**

1. NAME OF DECEASED (Type or Print) Annie E. Ross			2. DATE OF DEATH June 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3604 Hillside Road			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore 40 Yrs. 300 Days			D. STREET ADDRESS (If rural, give location) 3604 Hillside Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 10, 1859	9. AGE (in years last birthday) 92 yrs	II Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Calvert County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George P. Ross			14. MOTHER'S MAIDEN NAME Drusilla Mills		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. Katherine Griffiss, 3604 Hillside Rd		

18. 44.3 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Cerebral hemorrhage (A) DUE TO Hypertension. Cardio vascular disease - generalized arteriosclerosis - cortical (B) DUE TO neurons - insufficiency (C) old age	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

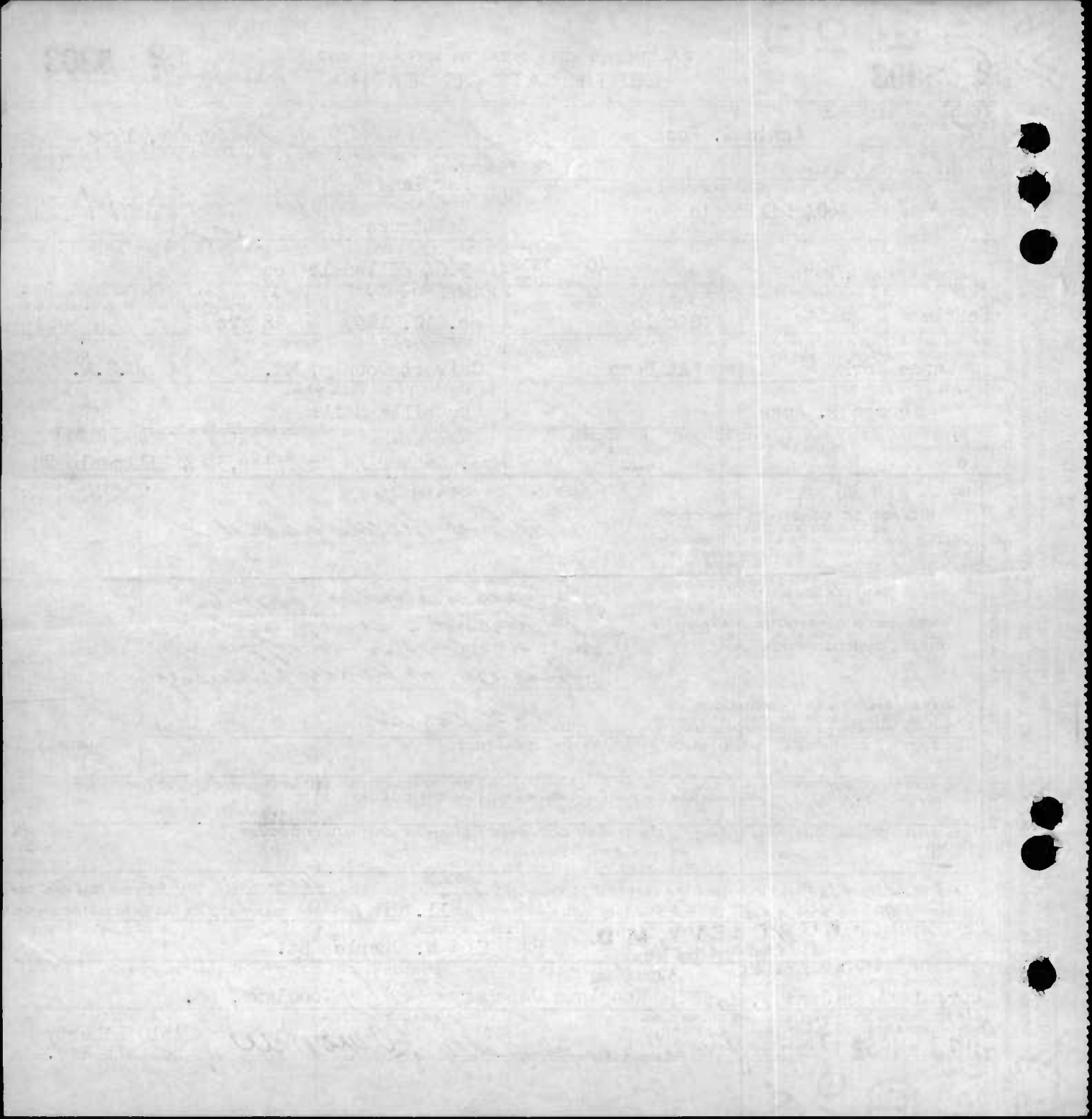
22. I hereby certify that I attended the deceased from **1940**, 19__, to **June 5, 1952**, that I last saw the deceased alive on **June 5, 1952**, and that death occurred at **11.20 PM** from the causes and on the date stated above.

23A. SIGNATURE ROBT LEAF, M.D. 3103 N. Charles St.	23B. ADDRESS 3103 N. Charles St.	23C. DATE SIGNED
---	--	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE OF BURIAL June 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Walter S. Brown	ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5304**BIRTH No. **5304**

1. NAME OF DECEASED (Type or Print) EDWARD APPLING		2. DATE OF DEATH June 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 30 Yrs. 18-03 Mths. 18-03 Days		D. STREET ADDRESS (If rural, give location) 939 Lemon Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 1894
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	
17. INFORMANT William E. Bonds		ADDRESS 917 5th	

18. **420.1** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William E. Bonds		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/10/52		Wt Olmsted Cem.	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
2930 Frederick Ave.		JUN 7 - 1952		Huntington Williams	
25. FUNERAL DIRECTOR		25. FUNERAL DIRECTOR		25. FUNERAL DIRECTOR	
John J. Brown		John J. Brown		John J. Brown	

1052 3

RECEIVED OF THE

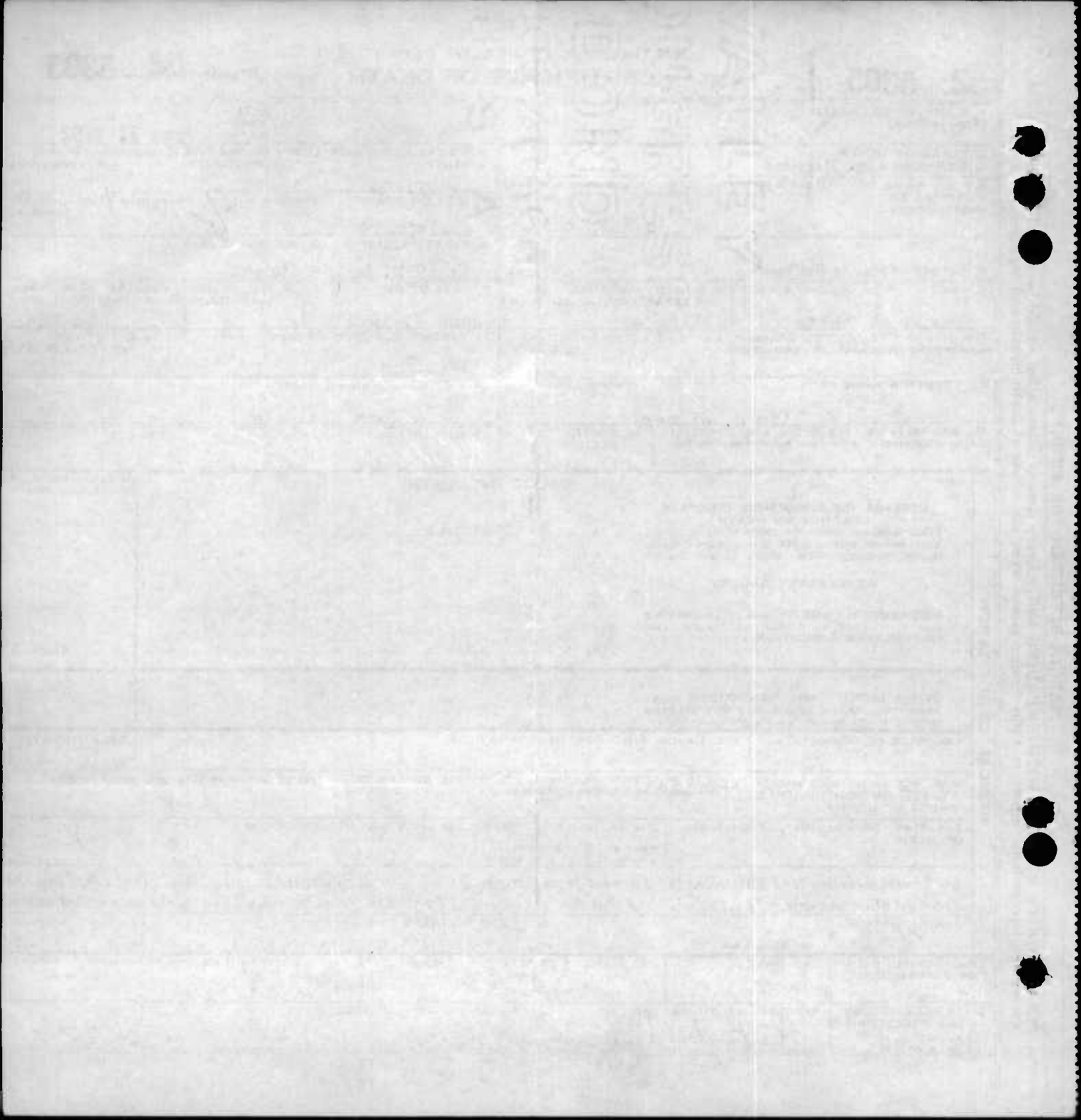


BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 52-13533 CERTIFICATE OF DEATH

Registered No. 52 5305

1. NAME OF DECEASED (Type or Print) Wilder, Baby Girl			2. DATE OF DEATH June 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore #13		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #13		
c. Length of stay in Baltimore 1 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1419 N. Wolfe Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 7, 1952		9. AGE (In years last birthday) 1 25
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William J. Wilder			14. MOTHER'S MAIDEN NAME Joan Lea Cole		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT William J. Wilder		ADDRESS
18. 762.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 7, 1952 , to June 7, 1952 , that I last saw the deceased alive on June 7, 1952 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE V. L. Coppa		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED June 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 7/52		24C. NAME OF CEMETERY OR CREMATORY Sally McDeener	
24D. LOCATION (City, town, or county) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Sally McDeener		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank Brockway	
VS 150		520005302		ADDRESS 9004 Webster	



52 5306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5306
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Frieda Fribush*2. DATE
OF
DEATH*June 6/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3902 Dorchester Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3902 Dorchester Road

C. Length of stay in Baltimore

*59 yrs.*Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

Dec. - 1888

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Solomon Scherr

14. MOTHER'S MAIDEN NAME

Mary ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Abraham Fribush- 3902 Dorchester Road*18. *170X and 260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cancer of Breast*

DUE TO

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Diabetes mellitus**25 yrs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1950* to *June 6, 1952*, that I last saw the deceased alive on *June 6, 1952*, and that death occurred at *2:15 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Reed L. Kolwee

23B. ADDRESS

3700 Park Heights Ave June 6/52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cong. Southern Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 8 - 1952**Huntington Williams**Sal. Levinson & Bros - 1124-26 N. North Avenue*

2002

2002

2002

2002

For

WILLIAM
D. JONES
JUNIOR

1971

WILLIAM D. JONES JUNIOR
1971

WILLIAM D. JONES JUNIOR
1971

WILLIAM D. JONES JUNIOR
1971

WILLIAM D. JONES JUNIOR
1971

CERTIFICATE CORRECTED 7-3-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5307

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Kaddish
KAIN LIPNICK

2. DATE OF DEATH 6/6/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 15-38

Cutherson Hospital of Maryland

D. STREET ADDRESS (If rural, give location)
2704 ELSINOR AVE. #16

c. Length of stay in Baltimore 52 1/2

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 1878

9. AGE (In years last birthday) 73 74

H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10B. KIND OF BUSINESS OR INDUSTRY Hardware Store

11. BIRTHPLACE (State or foreign country) RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Prop. Julius Linnick

14. MOTHER'S MAIDEN NAME Glick Kurland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS David M. Lipnick-2704 Elsinor Avenue

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE POSTERIOR MYOCARDIAL INFARCTION

9 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO-SCLEROTIC C.V.D.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DIABETES MELLITUS
STASIS DERMATITIS, LOWER EXTREMITIES

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1952, to 6/6, 1952 that I last saw the deceased alive on 6/6, 1952, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Miriam S. Daly

M. D.

Cutherson Hospital of Md. 6/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 6/8/52

24C. NAME OF CHURCH OR CEMETERY Har Zion Congregation

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Sol. Levinson & Bros - 1124 - 26 W.

CERTIFICATE OF DEATH

8-19-19

52 5308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5308

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OLEXIA NEWTON

2. DATE
OF
DEATH

6/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

4116 BOARMAN AVE 15-10

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

5/23/1867

9. AGE (In years
last birthday)

85

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WM E NORRIS

14. MOTHER'S MAIDEN NAME

MARY E McCONAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

218-07-8713

17. INFORMANT

ADDRESS

Chao, T. Newton Sr. Boarmen Ave

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Massive Atelectasis

2-3 days

DUE TO

Left lower lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Atherosclerosis &
Aortic Stenosis

yrs

(C)

Hypertensive Cardiovascular
Disease

yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Benign Nephrosclerosis

yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-52, 19, to 6-6-52, 19, that I last saw the
deceased alive on 6-6-52, 19, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Mason

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Congressional

24D. LOCATION (City, town, or county)

Washington D. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. G. Inc. 1217 St. Paul St.

EXHIBIT 100-100000

EXHIBIT 100-100000

EXHIBIT 100-100000

EXHIBIT 100-100000

EXHIBIT 100-100000

EXHIBIT 100-100000

EXHIBIT 100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5309

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Great house

2. DATE
OF
DEATH

6/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

129 Pt Pleasant Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1888 about 64

9. AGE (In years last birthday)

H Under 1 Year
Months: Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired)

Retired Officer

10B. KIND OF BUSINESS OR INDUSTRY

Police Dept

11. BIRTHPLACE (State or foreign country)

W. Spencer, Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse Greathouse

14. MOTHER'S MAIDEN NAME

Bertha (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, so or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

129 Pt. Pleasant Rd
James Greathouse Greenbarrie

18.

578X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Phemia

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized peritonitis

DUE TO

8 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Perforated ileum

Anterisacral - generalized

19A. DATE OF OPERATION

6/1/52

19B. MAJOR FINDINGS OF OPERATION

Generalized peritonitis - perforated ileum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

At Home

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/30/52 3 P

21E. INJURY OCCURRED

m. ☐ WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

falling out of home

22. I hereby certify that I attended the deceased from 5/31, 1952, to 6/6, 1952, that I last saw the deceased alive on 6/6, 1952, and that death occurred at 9:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Bryant

23B. ADDRESS

M. D. 1st St. 1st St.

23C. DATE SIGNED

6/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/8/52

24C. NAME OF CEMETERY OR CREMATORY

COWEN

24D. LOCATION (City, town, or county) (State)

W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook Inc. 1217 St. Paul St.

ADDRESS



52 5310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5310

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH COHEN

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

70

Levindale

D. STREET ADDRESS (If rural, give location)

Levindale

c. Length of stay in Baltimore

39

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Abraham Cohen - 3002 Chelsea Tr.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

2 days

ANTECEDENT CAUSES

DUE TO

(B)

Cerebral arteriosclerosis 7 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-17, 1951, to 6-6, 1952, that I last saw the
deceased alive on 6-6, 1952, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-8-52

Rosedale

Balto

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1952

Huntington Williams - M. Haer

Lewis 2100 Canton Pl

DATE 10

DATE 10



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5311

Registered No.

52 5311

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Palmer Finley

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

949 Forrest St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-10-18

9. AGE (in years last birthday)

33

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Monroe Finley

14. MOTHER'S MAIDEN NAME

Berella H. Finley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. *581.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Gastrointestinal hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Emphysema, arteriosclerosis*
(C) *Laennec's cirrhosis*

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-15*, 1952, to *6-5*, 1952, that I last saw the deceased alive on *6-5*, 1952, and that death occurred at *8:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Norman C. Shaver M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

June 8/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Opulanka, Alabama

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. R. B. G. Elliott & Daughter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5312

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Basil Foote

2. DATE
OF
DEATH

6/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2458 Brentwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2458 Brentwood Ave.

C. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

9/10/1890

9. AGE (in years last birthday)

61

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Schools

11. BIRTHPLACE (State or foreign country)

Cockysville, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Henry Foote

14. MOTHER'S MAIDEN NAME

Virginia Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Alice Bond, 2458 Brentwood Ave.

18. 2044

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.3. 1952 to 6.5. 1952 that I last saw the deceased alive on 6.5. 1952 and that death occurred at 8A. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. L. Berry

M. D.

23B. ADDRESS

1420 E. Chase St.

23C. DATE SIGNED

6.8.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/52

24C. NAME OF CEMETERY OR CREMATORY

St. Thomas Cemetery

24D. LOCATION (City, town, or county)

Cockysville, Md.

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Law, 802 Madison Ave.

1912

1912

1912

1912

Charles R. Lewis, Madison Ave.

Charles R. Lewis, Madison Ave.

Charles R. Lewis, Madison Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 5313

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gary Lee Brothers

2. DATE
OF
DEATH

6.4.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

2 d. 3 hrs - 45

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

19 Glenwood Road.

5354

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Bachel

8. DATE OF BIRTH

6.2.52

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jack William Brothers

14. MOTHER'S MAIDEN NAME

Anna Lee Dean

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Bronchiectasis

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.2.52 to 6.4.52, that I last saw the
deceased alive on 6.4.52, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Sanford

M. D.

23B. ADDRESS

5409 Belair Rd.

23C. DATE SIGNED

6.4.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 6 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1952

Huntington Williams, M.D.

Commissioner of Health

8713

8713

CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH OF DECEASED

DEATH OF DECEASED

DEATH OF DECEASED

DEATH OF DECEASED

DEATH OF DECEASED

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DEATH OF DECEASED

DEATH OF DECEASED

52 5314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5314

BIRTH NO. 72-11655

1. NAME OF DECEASED
(Type or Print)

BABY BOY COMPTON

2. DATE
OF
DEATH

May 27 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore-13-8-03

D. STREET ADDRESS (If rural, give location)

1307 N. Linwood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 27 1952

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Llew Norman Compton

14. MOTHER'S MAIDEN NAME

Joan Valerie Clemons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Erythroblastosis Fetalis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:21 8:30 PM, 19 52, to 9:15 PM 5/27, 19 52, that I last saw the
deceased alive on 5/27, 19 52, and that death occurred at 9:15 P. M. from the causes and on the date stated above.

23A. SIGNATURE

Dorothy Howell Jr

M. D.

23B. ADDRESS

Hosp. for Women of Md.
Baltimore, Md.

23C. DATE SIGNED

5/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 3 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

1950

UNITED STATES OF AMERICA

1950

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H-200

52 5315

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58729 1/2

BIRTH NO.

52 5315
52-121331. NAME OF DECEASED
(Type or Print)

Baby Girl Hicks

2. DATE
OF
DEATH

5-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University of Maryland Hosp

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

22-02

D. STREET ADDRESS (If rural, give location)

607 So. Paca.

5. SEX

7.

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

N.B.

8. DATE OF BIRTH

5-25-52

9. AGE (In years last birthday)

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Hicks

14. MOTHER'S MAIDEN NAME

Carrie Lee Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother - 607 So. Paca.

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Prematurity - 20 wks. Gestation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Premature Labor

(C) Premature Separation Placenta

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2:25 AM 5-25-1952, to 3:25 AM 5-25-1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

University Hosp. Balt.

23C. DATE SIGNED

JUN 3 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 3 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

JUN 8 - 1952

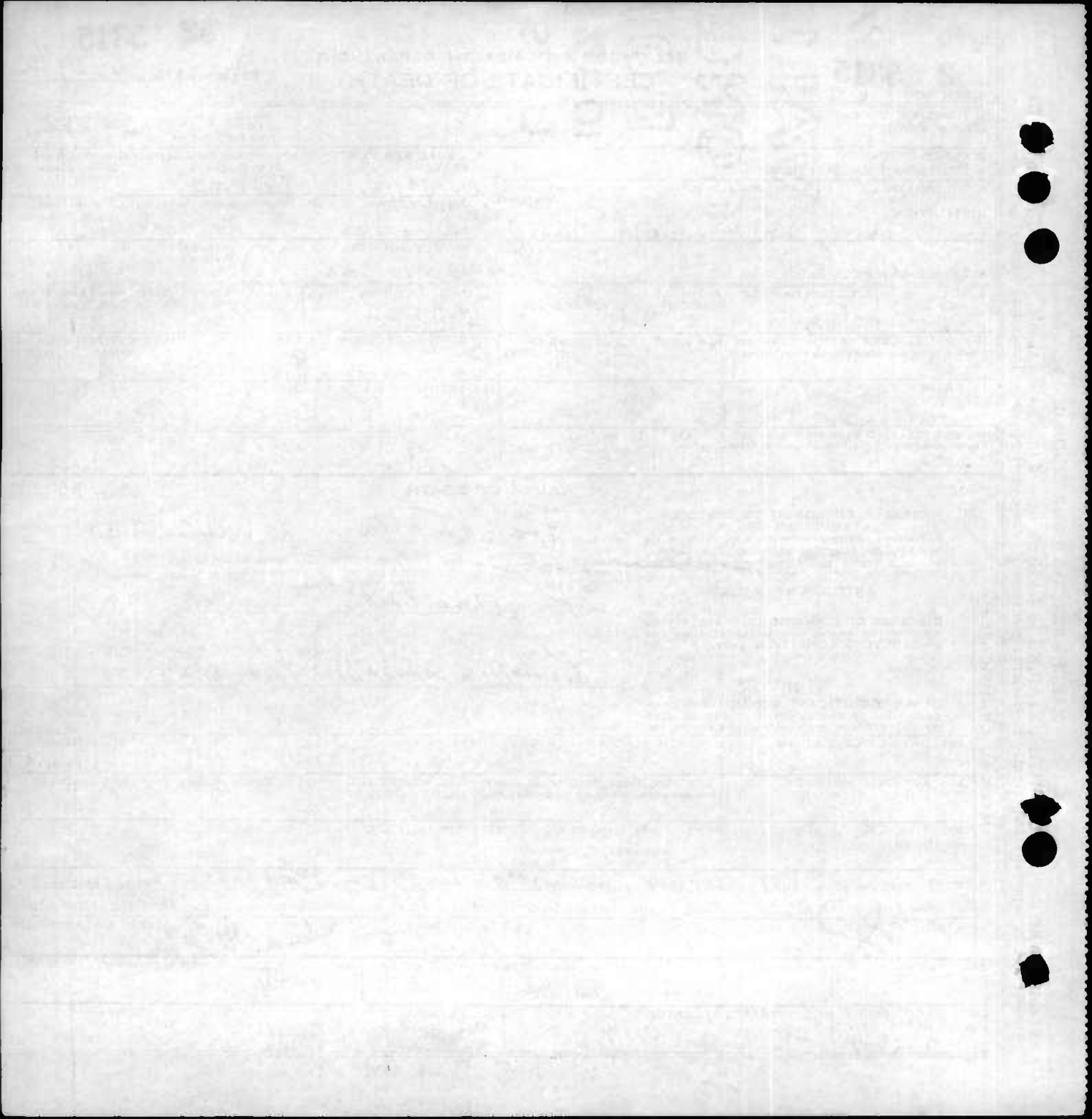
Huntington Williams, M.D. Commissioner of Health

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 5316

52 5316

BIRTH NO.

52-12322

1. NAME OF DECEASED
(Type or Print)

BABY. GIRL DAVIS

2. DATE
OF
DEATH

5.28.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-04

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1220 McCulloch St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

5.28.52

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Melvin Scott.

14. MOTHER'S MAIDEN NAME

Yvonne DAVIS.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother.

above.

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Immaturity

DUE TO

40

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5.28, 1952, to 8.28, 1952, that I last saw the
deceased alive on 5.28, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. H. Campbell

M. O. University Hosp. Balto

5.28.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 3 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1952

Huntington Williams, M.D.

Commissioner of Health

2016

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES
CERTIFICATE OF DEATH

2016



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5317

52 5317

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest L. Krause

2. DATE
OF
DEATH

6-7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
CityB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE I305 Cliftview AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
I305 Cliftview Avenue

c. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. II, 1876

9. AGE (In years

last birthday)

75

If Under 1 Year

Months: Days

6

26

If Under 24 Hours

Hour: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor (Retired)

10B. KIND OF BUSINESS OR INDUSTRY

Mens clothing

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edwin Krause

14. MOTHER'S MAIDEN NAME

Adaulphine Heinz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Myrtle A. Krause

18. 422.1 and 153X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic C-V disease

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma, colon

6 mos.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1940 to June 7, 1952 that I last saw the deceased alive on June 6, 1952 and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

6-10-1952

24C. NAME OF CEMETERY OR CREMATORY

Morelands Park

24D. LOCATION (City, town, or county) (State)

Taylor Avenue, Balto: County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 - 1952

Huntington Williams, M.D.

George J. Ruth, Inc. - 1735 Harford Avenue

THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS
JANUARY 1, 1950
TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO
FROM THE DEAN OF THE FACULTY
SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a formal letter or report, possibly related to the University of Chicago, dated January 1, 1950. The text is organized into paragraphs and includes a subject line. The right side of the page features three binder holes.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

13-420
52 5318
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
52 5318
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Catherine M. Belz		2. DATE OF DEATH 6-6-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City			
B. FULL NAME OF HOSPITAL OR INSTITUTION 417 Notre Dame Lane		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1523 Holbrook Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 2, 1873	9. AGE (In years last birthday) 79	10. Under 1 Year Months 4 Days 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME John L. Belz		14. MOTHER'S MAIDEN NAME Margaret Simon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Miss. Catherine Bridge-1523 Holbrook St.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO Anterior sclerotic - Hypertensive (B) vascular disease DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 2, 1952, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Anthony F. Carozza M.D.		23B. ADDRESS 5217 YORK Rd		23C. DATE SIGNED 6/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-10-1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery, Conowaga, Adams Co: Penna.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR George J. Ruth, Inc. ADDRESS 1735 Harford Avenue	

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CERTIFICATE OF DEATH

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1947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dausch, William Henry

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

LIFE

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

JANUARY 8, 1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED MOTOR MAN

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO TRANSIT CO

13. FATHER'S NAME

CHARLES DAUSCH.

ST. RLM?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

14. MOTHER'S MAIDEN NAME

ANNIE MICHAEL

17. INFORMANT

ADDRESS

ANTHONY A. RIRCHER 3504 BENTON HEIGHTS AVE

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic

DUE TO

cardiovascular disease

(C) Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1952 to June 6, 1952, that I last saw the
deceased alive on June 6, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

June 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 9 1952

24C. NAME OF CEMETERY OR CREMATORY

ST JOHN'S CEMETERY

24D. LOCATION (City, town, or county)

NEW FREEDOM

(State)

PENNA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1000 E. Lombard St.



52 5320
H-400 REA-159651BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5320
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Pat Hill		June 7, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
Baltimore City Hospitals 4940 Eastern Avenue		Baltimore		18-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
1		1061 W. Lexington Street-17			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Male	Negro	Widowed	Oct. 20, 1870	81	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
			Virginia		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
George Hill		Ann Chambers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
(If yes, give war or dates of service)			Records: B. C. H. 4940 Eastern Avenue		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral Vascular Accident		12 hrs.	
DUE TO					
19. ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Benign prosthetic hypertrophy		Unknown	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-31, 1952, to 6-7, 1952, that I last saw the deceased alive on 6-7, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
B. S. Hogan		4940 Eastern Avenue		6-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/10/52		Farmville	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S ADDRESS	
JUN 8 - 1952		Huntington Williams, M.D.		Elroy Wilson 1000 Bunderly	

1982 32

UNITED STATES OF AMERICA

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UNITED STATES OF AMERICA

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5321
Registered No. 52 532152 5321
BIRTH NO. 52-094661. NAME OF DECEASED
(Type or Print)

Leon Berry

2. DATE
OF
DEATH

June 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Fed. HLP 4E

4. USUAL RESIDENCE
A. STATE

(Where deceased lived. If institution: residence before admission)

Md. 26-36

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24

D. STREET ADDRESS (If rural, give location)

1500 Parrott St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

4-26-52 54th

9. AGE (In years
last birthday)

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Charles Berry

14. MOTHER'S MAIDEN NAME

Archibelle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coarctation Aorta

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Patent Ductus Arteriosus

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3-52 to 6-7-52, 1952 that I last saw the
deceased alive on 6-7-1952 and that death occurred at 11:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Appleby

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry Wilson

ADDRESS

1000 Beauty Ave

1952

RECEIVED THE HEALTH DEPARTMENT

1952

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RECEIVED THE HEALTH DEPARTMENT

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W-425

52 5322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5322
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			ANN E. WILSON			JUNE 4th, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1633 EDMONSON AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE					
c. Length of stay in Baltimore 40yrs			D. STREET ADDRESS (If rural, give location) 1633 EDMONSON AVE					
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9/8/1896		9. AGE (in years last birthday) 55		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC			11. BIRTHPLACE (State or foreign country) VA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MACK WILLIAMS			14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NO			17. INFORMANT ANNE F. WILSON(D)		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X I CENTRAL HEMORRHOGE HYPERTENSION			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 5 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5/29, 1952 to 6/4, 1952 that I last saw the deceased alive on 6/4, 1952 and that death occurred at 3 P.m., from the causes and on the date stated above.								
23A. SIGNATURE Ralph W. Rocking			23B. ADDRESS 220 N. Gilmor St.			23C. DATE SIGNED 6/7/52		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/8/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR CHARLES G. COOPER		ADDRESS 512 CARROLLTON AV.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully placed in the correct space. Physicians: please write the causes of death clearly and legibly.

VS 150

72081

Charles G. Cooper

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. 100-100000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

REMARKS

SIGNATURE

DATE

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 5323 Registered No.

52 5323 BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES E. ROBINSON			2. DATE OF DEATH 6/6/1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) 1736 WARWICK AVE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1736 WARWICK AVE			5. SEX M 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
C. Length of stay in Baltimore 40Yrs.			8. DATE OF BIRTH 6/20/1899 9. AGE (in years last birthday) 52		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER			10B. KIND OF BUSINESS OR INDUSTRY HOSPITAL		
11. BIRTHPLACE (State or foreign country) ANNAPOLIS, MD.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME CHARLES ROBINSON			14. MOTHER'S MAIDEN NAME MARTHA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 218-10-1056		
17. INFORMANT ETHEL COLLINS-1736 WARWICK AV.			ADDRESS <input checked="" type="checkbox"/>		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		CAUSE OF DEATH Pulmonary Tuberculosis	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A)	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/26 , 19 52 , to 6/6 , 19 52 , that I last saw the deceased alive on 6/5 , 19 52 and that death occurred at 2:25 A.M., from the causes and on the date stated above.					
23A. SIGNATURE B. R. R. R. R.		23B. ADDRESS 2130		23C. DATE SIGNED 6/7-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/9/1952		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
24D. LOCATION (City, town, or county) BALTO. MD.		24E. FUNERAL DIRECTOR CHARLES G. COOPER		24F. ADDRESS 512 CARROLLTON AV	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 - 1952		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR CHARLES G. COOPER	

784 8T Charles G. Cooper

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5324

BIRTH NO. 52 5324
49-045661. NAME OF DECEASED
(Type or Print)

RUTH JENKINS

2. DATE
OF
DEATH

June 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore (City)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

28 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

c. Length of stay in Baltimore

3

D. STREET ADDRESS (If rural, give location)

1430 Ward Street

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1949 March 14th

9. AGE (In years last birthday)

3

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Jenkins

14. MOTHER'S MAIDEN NAME

Rosa Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

father

ADDRESS

1B. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastro-intestinal hemorrhage 4 P.M.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Acute lymphatic Leukemia 3 mos.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

no

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29, 1952, to 6/5, 1952, that I last saw the deceased alive on 6/5/52, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Martin K. Carter

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/52

24C. NAME OF CEMETERY OR CREMATORY

Arbushes Pk.

24D. LOCATION (City, town, or county)

Baltimore County Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. J. Cooper

ADDRESS

512 Canococton av.

1950

THE UNITED STATES OF AMERICA

1950

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

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52 5325

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5325
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD L. BAGGETT

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3300 Hollins Ferry Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 4, 1914

9. AGE (In years
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

CHAIN OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

STEAM BOILER WORKS

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN W. BAGGETT

14. MOTHER'S MAIDEN NAME

HAZEL BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WW

16. SOCIAL
SECURITY NO.

XIV-10-5953

17. INFORMANT

JOHN W. BAGGETT JR

ADDRESS

ANNAPOLIS AVE

18. E816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Craniocerebral injury

-DUE TO-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple abrasions, contusions and

-DUE TO- fractures

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Howard St. and 23rd Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

May 30, 1952 4:04 A.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto & auto collision (driver)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stonley H. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 6, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

6-9-52

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. E. M. Walters

ADDRESS

Pratt & Tucker Co.

VS 151

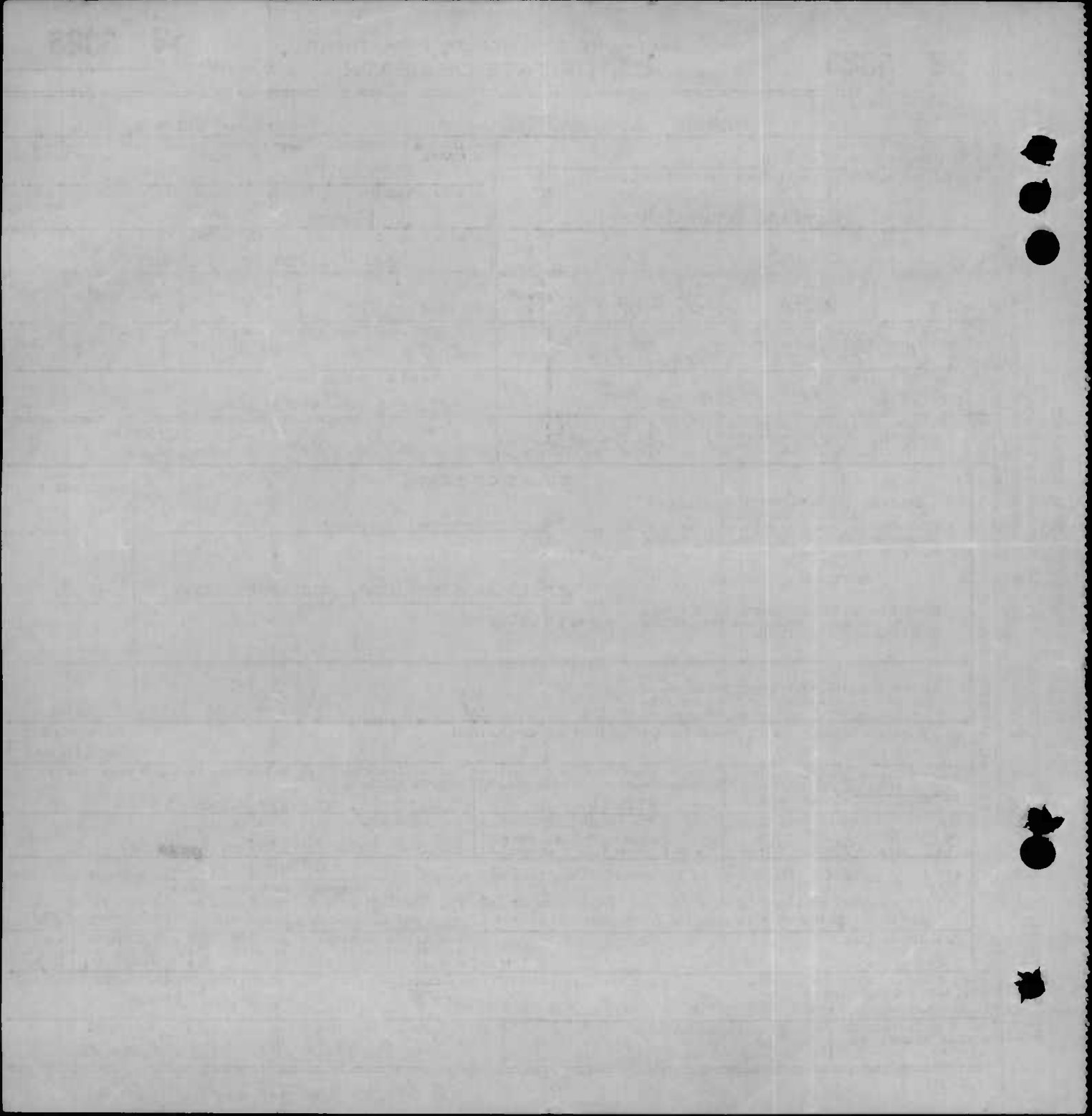
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5133D

Pratt & Tucker Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully appraised. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.



52 5326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5326

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL DEE

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md 19-03

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

211 S. Gilmore St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

211 S. Gilmore St

c. Length of stay in Baltimore

67 Yrs.
Mos.
Days

5. SEX

MALE

White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

4-5-1863

9. AGE (In years
last birthday)

87

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10. USUAL OCCUPATION (Give kind of
work during most of working life, or if retired)

PRAXEMAN RET

10B. KIND OF BUSINESS OR
INDUSTRY

B+O. R.P.R.

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ANNA KRONEBERGER 211 S. Gilmore St

ADDRESS

18. 610X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) uremia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prostatic Hypertrophy

DUE TO

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-52, 19, to 6-6-52, 19, that I last saw the
deceased alive on 6-5-52, 19, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Racine

23B. ADDRESS

206 S. Gilmore St

23C. DATE SIGNED

6-6-52

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-9-52

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

J. B. M. Walters

ADDRESS

1111 E. Street

2552 14

W. S. H.
100/275
BOND
COTTON
VALLEY



52 5327

52 5327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JED J. KRAMER

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1520 McHENRY St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-03

c. Length of stay in Baltimore

47

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1520 McHENRY St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BATER

10B. KIND OF BUSINESS OR
INDUSTRY

WHOLESALE

11. BIRTHPLACE (State or foreign country)

HUNGARY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN KRAMER

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214.01.5022

17. INFORMANT

KATE KRAMER 1520 McHENRY

18. 163X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) carcinoma of Lung
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-51, 19, to 6-6-52, 19, that I last saw the
deceased alive on 6-3-52, 19, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roemin

23B. ADDRESS

206 S. Gilmer St

23C. DATE SIGNED

6-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-10-52

24C. NAME OF CEMETERY OR CREMATORY

LODON PARK

24D. LOCATION (City, town, or county) (State)

BALTO Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1011 E. B. M. Walter

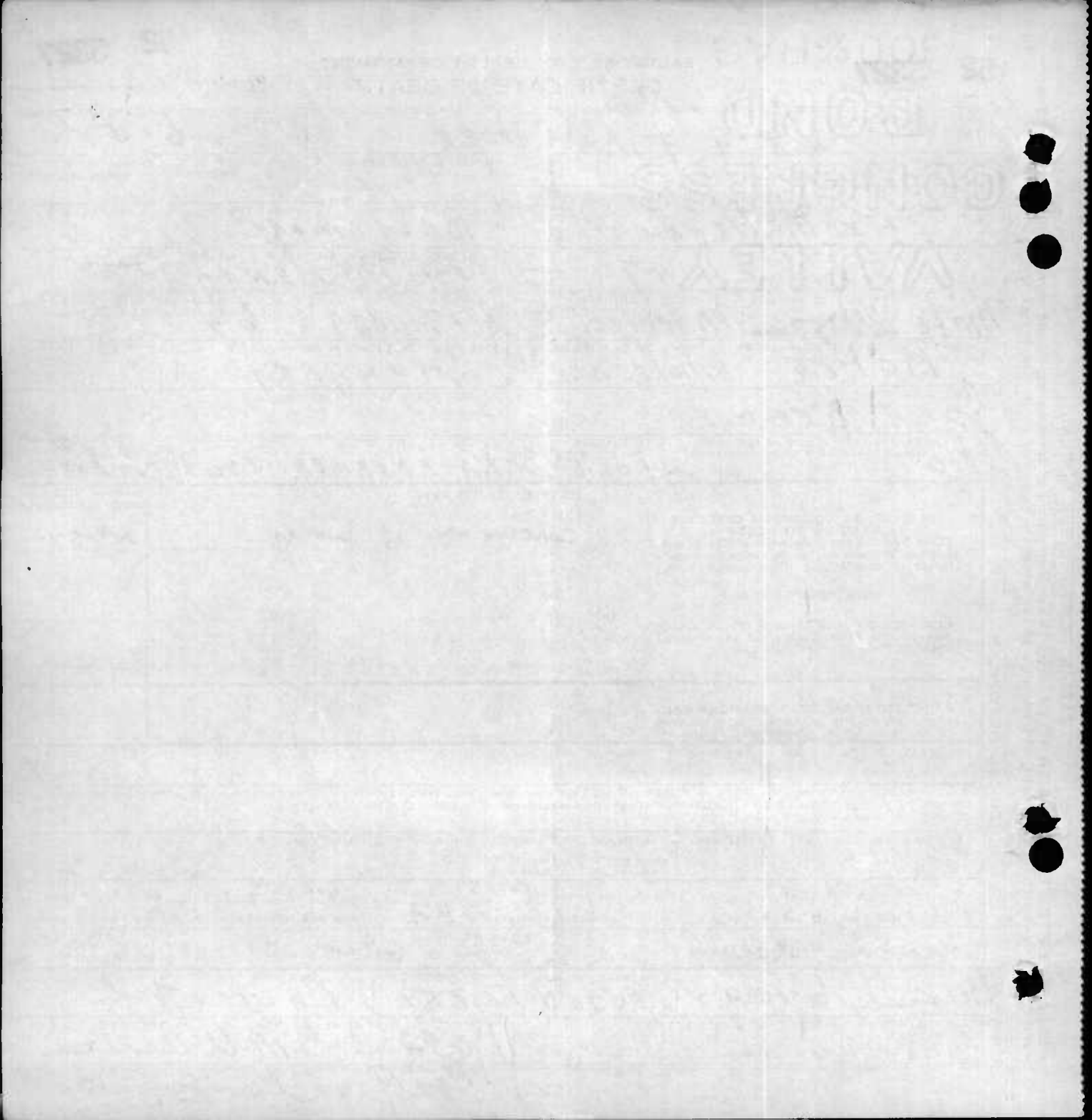
ADDRESS

500 44 Pratt & Clucker St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copied. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.



F263
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. The corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) William B. Fogarty			2. DATE OF DEATH June 7-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore Life Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 1016 W. Barre St. zone 30		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 15, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper			10B. KIND OF BUSINESS OR INDUSTRY Self		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Fogarty (D)			14. MOTHER'S MAIDEN NAME Sarah Benton (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic Carcinoma of Lung DUE TO (A) 1 INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) 0 DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-14 , 19 52 , to 6-7 , 19 52 , that I last saw the deceased alive on 6-7 , 19 52 , and that death occurred at 1 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Crogen M. D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-7-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/10/52		24C. NAME OF CEMETERY OR CREMATORY Elson Haven Memorial	
24D. LOCATION (City, town, or county) (State) Ritchie Highway		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR John F. Cowan	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		24H. VS 150		24I. ADDRESS Rollins	

2906C

CENTRAL BANK OF DENMARK

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F-636
52 5329BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William C. Frederick

2. DATE

OF DEATH June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5707 Oakshire Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5707 Oakshire Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 3, 1861

9. AGE (in years
last birthday)

91

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ice Cream Mfr.

10B. KIND OF BUSINESS OR
INDUSTRY

Ice Cream

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Frederick

14. MOTHER'S MAIDEN NAME

Helene Winkler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Ella W. Frederick 5707 Oakshire

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Uremia & Congestive heart failure as a result

ANTECEDENT CAUSES

(B)
DUE TOof senile arteriosclerosis -
Cerebrovascular DiseaseDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1952, to June 6, 1952, that I last saw the
deceased alive on June 6, 1952, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Entombment

6-9-1952

Greenmount Mausoleum

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

0000 30

0000 30



B-600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5330		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 5330 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Charles H. Berry</i>			2. DATE OF DEATH <i>6/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>140.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Unio. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-08</i>		
c. Length of stay in Baltimore <i>48</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>717 Linnard St.</i>		
5. SEX <i>14</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>March 7, 1881</i>	9. AGE (in years last birthday) <i>71</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supt. of Maintenance</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Building Construction</i>		11. BIRTHPLACE (State or foreign country) <i>U.S.</i>	
13. FATHER'S NAME <i>John H. Berry</i>			14. MOTHER'S MAIDEN NAME <i>Anna E. McMillen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-16-3445A</i>		17. INFORMANT ADDRESS <i>Mrs. A. Margaret Berry 717 Linnard St.</i>	
18. <i>420.1 and 008X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Tuberculosis, Amyloidosis, B.A.H.</i>			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>H.C.U.D.</i> DUE TO (C)		
19A. DATE OF OPERATION <i>6/4/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/3/52</i> , 19 <i>52</i> , to <i>6/6/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/6</i> , 19 <i>52</i> , and that death occurred at <i>5:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Unio. Hosp.</i>		23C. DATE SIGNED <i>6/6/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-9-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet</i>		24F. LOCATION (City, town, or county) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>G. Howard Strong 3207 W. North Ave.,</i>	
VS 150 <i>29024</i>					

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OFFICE OF THE ATTORNEY GENERAL

1024

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1902

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1901

ALBANY:

JOHN B. LEECH, PRINTERS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5331**BIRTH NO. **52 5331**
52-04768

1. NAME OF DECEASED (Type or Print) BARBARA ROBINSON		2. DATE OF DEATH June 7, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY 17-03	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 17 Mos. 0 Days 3		d. STREET ADDRESS (If rural, give location) 537 Dolphin Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 3/1/52
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTH PLACE (State or foreign country) Balto. md		12. CITIZEN OF WHAT COUNTRY? Child	
13. FATHER'S NAME Edward Robinson		14. MOTHER'S MAIDEN NAME Marion Dougherty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Marion Dougherty 5370000	

18. **754.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Congenital heart disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO(C)
DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William H. Booth23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☒

23c. DATE SIGNED

June 7, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial 6/10/52 Mt Auburn**Westport md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952**Huntington Williams, 412 E. Lombard****88 Dring****Neeloff**

1812

ST

THE NEW YORK
CENTRAL & WESTERN
RAILROAD

1812



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5332
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES BRANDON

2. DATE OF DEATH
June 6, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION
Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1110 W. Lexington Street

5. SEX

male

6. COLOR OR RACE
colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
m

8. DATE OF BIRTH

1/22/1878

9. AGE (In years last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Brook Brandon

14. MOTHER'S MAIDEN NAME

Sally ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Robert Brandon

ADDRESS

1110 W. Lexington Street

18. **443X and 177X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of prostate

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dinschlag M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED
June 6, 1952

24A. BURIAL, CREMATION OR REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial 6/10/52 Mt Auburn Westport ma

Huntington-Williams, Mass

Adelphius Webster 98 Dryden Hill av.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

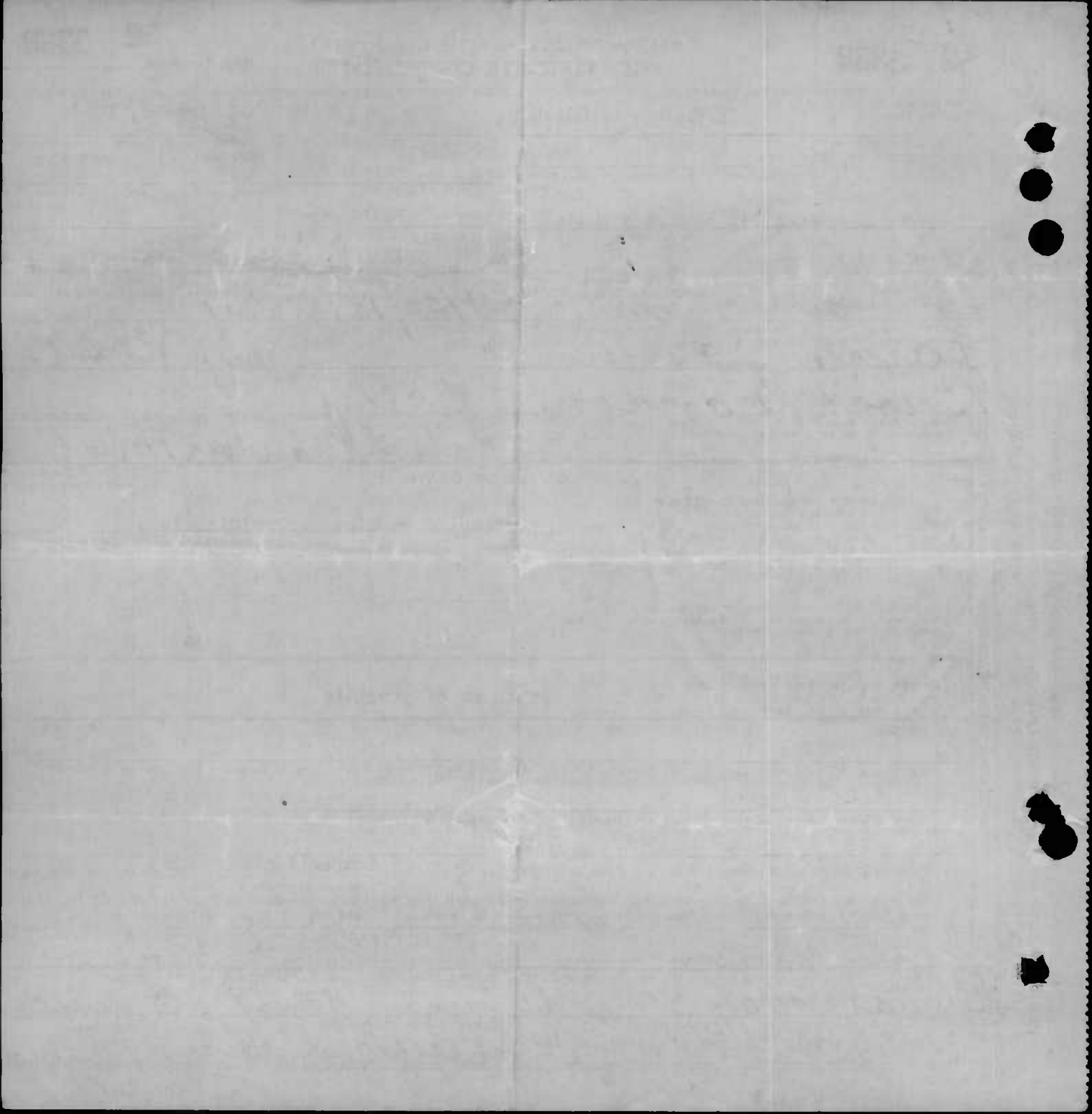
Huntington-Williams, Mass

Adelphius Webster 98 Dryden Hill av.

V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELFRIEDA

2. DATE
OF
DEATH

6/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 430.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Intercapillary Angiomyositis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subacute bacterial endocarditis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/5 1952 to 6/6 1952, that I last saw the deceased alive on 6/6 1952 and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Race	
4. Date of birth		5. Date of death		6. Place of death	
7. Usual residence		8. Cause of death		9. Manner of death	
10. Signature of physician		11. Signature of medical examiner		12. Signature of registrar	
13. Signature of informant		14. Signature of funeral director		15. Signature of coroner	



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

STATE OF NEW YORK

County of _____

City of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Usual Residence _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Immediate Cause of Death _____

Underlying Cause of Death _____

Manner of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Mr. Harry Samuel Lipman* 2. DATE OF DEATH *June 8 1952*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) *3900 Helton Rd.* C. CITY OR TOWN *Balto.* (If outside corporate limits, write RURAL and give township) *15-11*

D. STREET ADDRESS (If rural, give location) *3900 Helton St*

c. Length of stay in Baltimore *Life* Yrs. _____ Mos. _____ Days _____

5. SEX *Male* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married* 8. DATE OF BIRTH *March 4, 1896* 9. AGE (in years last birthday) *56* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Salesman* 10B. KIND OF BUSINESS OR INDUSTRY *Pants Co.* 11. BIRTHPLACE (State or foreign country) *Annapolis, Md.* 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME *Charles* (M) 14. MOTHER'S MAIDEN NAME *Sarah*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT *Wife - Rose Lipman* ADDRESS *Same*

18. *420.1* I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Coronary Artery Disease.* DUE TO INTERVAL BETWEEN ONSET AND DEATH *7 years.*

ANTECEDEENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW OLD INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *July 15, 1947* to *June 8, 1952*, that I last saw the deceased alive on *June 3, 1952*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Leslie A. Hall Jr.* M. O. *1037 St. Paul St.* 23B. ADDRESS *June 5 1952* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6/9/1952* 24C. NAME OF CEMETERY OR CREMATORY *Bonal Brook* 24D. LOCATION (City, town, or county) (State) *Balto Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JUN 9 - 1952* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Wm. J. ...* ADDRESS *2100 Eutaw Pl*

2007

2007



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5336

52 5336

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *MAX SCHOENEMAN*

2. DATE OF DEATH *6/9/52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION *University*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-11

D. STREET ADDRESS (If rural, give location)
3533 Wakash Ave

c. Length of stay in Baltimore

5. SEX *male*

6. COLOR OR RACE *white*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (In years last birthday) *58*

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant

10B. KIND OF BUSINESS OR INDUSTRY
Childrens wear

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Morris

14. MOTHER'S MAIDEN NAME
Caroline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Dorothy Schoeneman - Same

18. *592x*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

3 days?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic glomerulonephritis*

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/6*, 19*52*, to *6/9*, 19*52*, that I last saw the deceased alive on *6/9*, 19*52*, and that death occurred at *5:10* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
6-9-52

24C. NAME OF CEMETERY OR CREMATORY
Chesed Randallstown Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
JUN 9 - 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

520 2968233

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. Physicians: please write the causes of death clearly and legibly.

2017

20

RECEIVED BY THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

100



CERTIFICATE CORRECTED

6-12-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5337

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Armin (Wollack) WOLLACK

2. DATE
OF
DEATH

6/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Univ. Hosp.

C. CITY OR TOWN (If outside corporate limits, write BUREAU and give

Baltimore

13-02

township)

D. STREET ADDRESS (If rural, give location)

2217 Eutaw Pl. #17

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

78

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Marcus Wollack

14. MOTHER'S MAIDEN NAME

Charlotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Wollack

Home

18. 433.0 and 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Heart Block

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prostatic Cancer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5/52, 19, to 6/6, 1952, that I last saw the
deceased alive on 6/6, 1952 and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-9-52

Baltimore Hebrew

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

Name of Deceased _____
 Sex _____
 Age _____
 Date of Death _____
 Place of Death _____
 Cause of Death _____
 Signature of Physician _____
 Signature of Registrar _____

CAUSE OF DEATH	
1. Immediate Cause	
2. Intermediate Cause	
3. Remote Cause	
4. Contributing Cause	
5. Manner of Death	
6. Place of Death	
7. Date of Death	
8. Signature of Physician	
9. Signature of Registrar	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5338**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugene Jones

2. DATE OF DEATH **June-6-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

853 West Ostons Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

853 West Ostons Street

C. Length of stay in Baltimore **30 Yrs.**

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 24. 1896

9. AGE (in years last birthday)

55

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Savannah Georgia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Jones

14. MOTHER'S MAIDEN NAME

Rebecca Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Frances Jones 853 W. Ostons St

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic heart disease; generalized arteriosclerosis

3 yrs. 2 wks.

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

thrombophlebitis, at leg

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5. 29. 1952** to **6. 6. 1952**, that I last saw the deceased alive on **6. 6. 1952**, and that death occurred at **11:45 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

James D. Can

23B. ADDRESS

1422 Madison Ave

23C. DATE SIGNED

6. 7. 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State)

Arbutus Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thos. G. Wilson 1001 Bunting Ave

ADDRESS

VS 150

97099

MARGIN RESERVED FOR BINDING

THE PLACEMENT OF THIS LABEL WITH UNFADING INK. Every item of information should be carefully and legibly. Physicians: please write the causes of death clearly and legibly.

Received of the
Director of the
Bureau of the
Census

the sum of

Five hundred and
no/100 Dollars

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5339**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Reid

2. DATE OF DEATH **June-6-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

1227 East Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1227 East Lexington Street

C. Length of stay in Baltimore

40 Yrs.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June-14-1877

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Dansville Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis Reid

14. MOTHER'S MAIDEN NAME

Hannah

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Reid 1227 East Lexington St.

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio renal disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **30 May**, 19**52**, to **6 June**, 19**52**, that I last saw the deceased alive on **5 June**, 19**52**, and that death occurred at **5 AM**, from the causes and on the date stated above.

23A. SIGNATURE

A. C. Burwell

23B. ADDRESS

121 Aigpenith N

23C. DATE SIGNED

6/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/10/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thoy Odilson

ADDRESS

1000 Brantly rd

VS 150

94055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0000

0000

STATE OF NEW YORK

CERTIFICATE OF DEATH

0000

1. Name of deceased
2. Sex
3. Race
4. Date of birth
5. Place of birth
6. Date of death
7. Place of death
8. Cause of death
9. Signature of physician
10. Signature of registrar

1. Name of deceased	
2. Sex	
3. Race	
4. Date of birth	
5. Place of birth	
6. Date of death	
7. Place of death	
8. Cause of death	
9. Signature of physician	
10. Signature of registrar	

11. Name of informant

12. Address

13. Date of report

14. Signature of registrar

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5341
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie Clark

2. DATE
OF
DEATH

6-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write full name of township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

168 W Hamburg St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9/11/1914

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Gray

14. MOTHER'S MAIDEN NAME

Evelith Gray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

no

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Gertrude Ash, 435 S Park St

18. *002X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bilateral Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3/20*, to *6/4*, 19*52*, that I last saw the deceased alive on *6/4*, 19*52*, and that death occurred at *10:15* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Roger D. Scott

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary et

24D. LOCATION (City, town, or county)

A. A. Co. md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Brown & Co. W. Montgomery St

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and correctly stated. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1137

5

INSTITUTE OF THE HISTORY OF THE UNITED STATES

INSTITUTE OF THE HISTORY OF THE UNITED STATES

1137



H 256
52 5342BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5342

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. HAGNER

2. DATE
OF
DEATH

JUNE 5 ; 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

309 Scott Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

309 Scott Street

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 24-1885

9. AGE (In years
last birthday)

66

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Krebs

14. MOTHER'S MAIDEN NAME

H. Peacock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

George H. Hagner 309 Scott Street

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of bowel

9 months

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

6 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1951, to June 5, 1952, that I last saw the
deceased alive on June 3rd, 1952, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Hagner

23B. ADDRESS

M. D. 517 Scott Street

23C. DATE SIGNED

June 7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 9:1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

Huntington Williams, M.D.

F.B. WIPPERT & SON 1300 Eutaw Pl. 17

15 5242

15 5242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JUN 2 1972

MAY 14 1972

Baltimore City

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

100 West Street

CAUSE OF DEATH

100 West Street

100 West Street

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100 West Street

100 West Street

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. The correct spelling is especially important.

MARGIN RESERVED FOR BINDING

B-52 424 5343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5343
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOLOMON BLACKWELL

2. DATE
OF
DEATH

JUNE 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

M.D.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS

(If rural, give location)

211 E. 24th ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

211 E. 24th St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

8/10/1901

9. AGE (in years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

BENJAMIN BLACKWELL

14. MOTHER'S MAIDEN NAME

ALICE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

BEATRICE TURNER - 211 E. 24th ST

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RESPIRATORY FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PNEUMONIA (LOBAR)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 4, 1952, to JUNE 7, 1952, that I last saw the deceased alive on JUNE 6, 1952, and that death occurred at 10:00 AM from the causes and on the date stated above.

23A. SIGNATURE

J. J. Borofsky M.D.

23B. ADDRESS

691 N. MONROE ST.

23C. DATE SIGNED

6/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

MT. CUBURN

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Charles A. Rice 661 W. Barrett

VS 150

97099

2002 50

THE UNIVERSITY OF CHICAGO

2002

THE UNIVERSITY OF CHICAGO PRESS

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5344

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna L. Tracey

2. DATE
OF
DEATH

June 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION
4424 Buena Vista Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore **60 years**
Yrs. _____ Mos. _____ Days _____

D. STREET ADDRESS (If rural, give location)
4424 Buena Vista Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

July 25, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days _____ If Under 24 Hours Hours: Min. _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector Retired 12 yrs. Dress Mfg.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

James Pearson

14. MOTHER'S MAIDEN NAME

Caroline Arrington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
?

17. INFORMANT ADDRESS
Ernest Hare Liberty Road, Randallstown

18.

442x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertension Cardiovascular Renal disease**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 1951** to **June 6, 1952**, that I last saw the deceased alive on **June 4, 1952**, and that death occurred at **11:25 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount Ave. June 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Family

24D. LOCATION (City, town, or county) (State)

Randallstown, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 9 - 1952

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Road

Horace H. Burgess

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5345**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mrs. Mary Camilla Martin**2. DATE
OF
DEATH **June 8, 1952**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE **Maryland** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION**3344 Hickory Avenue**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore **13-06**

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3344 Hickory Avenue

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

May 8, 18829. AGE (In years
last birthday)**70**10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**At Home**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

John Hynes

14. MOTHER'S MAIDEN NAME

Camilla Shaw15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Herbert Martin 3344 Hickory Ave.18. **345X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 6/8, 1952** that I last saw the
deceased alive on **June 8, 1952** and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Co., MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

VS 150

Huntington Williams, M.D.**Burges Funeral Home****3631 Falls Road****Horace F. Burges**

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948

1948

1. The first part of the report is a general description of the project. It includes the objectives, the scope of the work, and the organization of the project. The objectives of the project are to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The scope of the work is to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The organization of the project is to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data.

2. The second part of the report is a description of the system. It includes the architecture of the system, the components of the system, and the operation of the system. The architecture of the system is to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The components of the system are to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The operation of the system is to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data.

3. The third part of the report is a description of the results. It includes the results of the development, the results of the design, and the results of the operation. The results of the development are to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The results of the design are to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data. The results of the operation are to develop a system for the automatic processing of data, to design a system for the automatic processing of data, and to design a system for the automatic processing of data.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5346**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Leonard Morgan

2. DATE
OF
DEATH

6/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital 1400 Caroline St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

837 W. 35th St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

9/8/28

9. AGE (In years last birthday)

23 yrs.

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Not Employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

C. L. Bateman

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

yes

(If yes, give war or dates of service)

II WW

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles L. Bateman 837 W 35th St

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Nephritis

ONE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/6/52**, 19**52** to **6/7**, 19**52**, that I last saw the deceased alive on **6/7**, 19**52**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

E. J. Coffey Jr.

M. O.

23B. ADDRESS

St. Joseph's Hospital

23C. DATE SIGNED

6/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Grey Hill

24D. LOCATION (City, town, or county)

Lanham, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Chenoweth Jr. 3615-13 Belmont Ave

ADDRESS

VS 150

5345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

0153

35

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

1940

Name of Deceased _____		Sex _____		Age _____	
Date of Birth _____		Place of Birth _____		Usual Residence _____	
Date of Death _____		Time of Death _____		Place of Death _____	
Cause of Death _____		Manner of Death _____		Physician's Signature _____	
Date of Report _____		Signature of Registrar _____		Signature of Medical Officer _____	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5347

BIRTH NO. 52 5347

1. NAME OF DECEASED
(Type or Print)

Wilton Cook

2. DATE
OF
DEATH

June 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Providence Hospital

c. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

2133 Madison Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married (Spec.)

8. DATE OF BIRTH

Dec. 12, 1887

9. AGE (In years last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Cook

14. MOTHER'S MAIDEN NAME

Mattie Boyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Thomas Cook 921 N. Plean Ave

ADDRESS

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular - Cerebral disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

June 4

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to June 4, 1952 that I last saw the deceased alive on June 4, 1952, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

James D. Carr

23b. ADDRESS

1427 Madison Ave

23c. DATE SIGNED

6.7.52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

June 9, 1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24d. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. T. Williams

ADDRESS

392 N. Plean Ave

JUN 9 - 1952

VS 150

97099

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

CERTIFICATE OF DEATH

2347



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5348**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Mrs. Edna Sussman**2. DATE OF DEATH **June 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. Md**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md** B. COUNTY **804 E.33 Street**B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTE) **804 E.33 STREET**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) **Balto. Md 804 E.33 Street**

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 24, 1876

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

5 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

U.S

13. FATHER'S NAME

Phillip Dannenberg

14. MOTHER'S MAIDEN NAME

Rosenheim

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nathan 3221G Gwyn. Falls Pwy18. **4200**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Coronary Thrombosis****15 minutes**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arterio-sclerosis with hypertension. Arterio-sclerotic heart disease****20 years**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**Cerebral vascular accident Hemiplegia 1948
Coronary thrombosis 1946**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LAYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1946** to **June 7, 1952**, that I last saw the deceased alive on **June 6, 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Jack Cohen

23B. ADDRESS

1804 Eutaw Place

23C. DATE SIGNED

6/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hobrow Friendship Cem

24D. LOCATION (City, town, or county) (State)

Balto. ST

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walligius, Md

25. FUNERAL DIRECTOR

David R. Martin

ADDRESS

1902 Eutaw Place

VS 150

1918

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5349

600
52 5349

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Thomas Carey			2. DATE OF DEATH 6/7/52									
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore									
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-09									
c. Length of stay in Baltimore Life						D. STREET ADDRESS (If rural, give location) 2117 Mt. Holly St #16									
5. SEX M		6. COLOR OR RACE W		7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Aug 16, 1888		9. AGE (in years, last birthday) 63		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman - Retired						10B. KIND OF BUSINESS OR INDUSTRY Post Office						11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Pollidor Carey						14. MOTHER'S MAIDEN NAME Unknown						17. INFORMANT Self. ADDRESS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) no						16. SOCIAL SECURITY NO. no									
18. 451 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dissecting Abdominal Aneurysm DUE TO arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 1 week															
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>															
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)							
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 5/31/52 , 19 52 , to 6/7/52 , 19 52 , that I last saw the deceased alive on 6/7 , 19 52 , and that death occurred at 5:20 m., from the causes and on the date stated above.															
23A. SIGNATURE John R. Buckley						23B. ADDRESS Mercy						23C. DATE SIGNED 6/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24B. DATE 6/10/52		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL				24D. LOCATION (City, town, or county) (State) BALTIMORE					
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952				REGISTRAR'S SIGNATURE Huntington Williams, M.D.				25. FUNERAL DIRECTOR STANBURY 2700 EDMONDSON RD.				ADDRESS			

1957 57

RECEIVED 1957 57

RECEIVED 1957 57



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5350

Registered No.

BIRTH NO. 5350 51-28333

1. NAME OF DECEASED
(Type or Print)

John FLOYD Kendall, Jr.

2. DATE
OF
DEATH

6-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital of Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3211 Belmont Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-16-51

9. AGE (In years
last birthday)

6 mo

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Floyd J. Kendall

14. MOTHER'S MAIDEN NAME

Clara Radford

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mr. John Floyd Kendall, Sr.-3211 Belmont Ave.

ADDRESS

Ave.

18. 752x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Internal Hydrocephalus 6 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-52, 19__, to 6-7-52, 19__, that I last saw the
deceased alive on 6-7-52, 19__, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold L. Dohy Jr

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

6-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Lickner & Sons

ADDRESS

Balto. 17, Md.

0252

52

RECEIVED THE NEW YORK OFFICE

CERTIFICATE OF DEATH

0252



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5351**

BIRTH NO. **52 5351**

1. NAME OF DECEASED (Type or Print) Eugene Kleebauer			2. DATE OF DEATH June 8th., 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY City		
B. FULL NAME OF HOSPITAL OR INSTITUTION I007 E.Preston Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 35 Yrs.			D. STREET ADDRESS (If rural, give location) I007 E.Preston Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months 0 Days 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Metal Products	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ? Kleebauer			14. MOTHER'S MAIDEN NAME ? Benne		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 2I2-09-7825	17. INFORMANT ADDRESS Mrs. Dorothy G. Kleebauer-I007 E. Preston St		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) arterio-sclerotic Cordis DUE TO (C) arterio-sclerotic Cordis	INTERVAL BETWEEN ONSET AND DEATH acute
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1 , 19 52 , to June 8 , 19 52 , that I last saw the deceased alive on June 7 , 19 52 , and that death occurred at 9:59 a. m., from the causes and on the date stated above.					
23A. SIGNATURE George J. Ruth		23B. ADDRESS room 8 Ruth		23C. DATE SIGNED 6/9/52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-11-52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) Belair Rd. Balto:md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc. - I735 Harford Avenue

9 5 2 0 4 4 3 5 3 4 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRINTED WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

CERTIFICATE CORRECTED 6-27-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 5352

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE AGNES LYNCH SHRIVER

2. DATE
OF
DEATH

June 7 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Beech Hill Nursing Home
6028 Old Harford Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Gilman Apts. Calvert & 31st Sts.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

(Married) Widowed

8. DATE OF BIRTH

Jan. 6, 1876

9. AGE (In years last birthday)

76

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B & O. R. R. Co.

11. BIRTHPLACE (State or foreign country)

Westminster, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John T. Lynch

14. MOTHER'S MAIDEN NAME

Mary D. Diller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. John Shriver Above

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Adeno-Carcinoma of ascending colon

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

About 3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/3-5-10

19B. MAJOR FINDINGS OF OPERATION

inoperable carcinoma ascending colon

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1945 to June 7, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

Esther Wayman

23B. ADDRESS

13 E Eager Pl

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cemetery

24D. LOCATION (City, town, or county)

Westminster, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Trueman, Sons Inc Baltimore

ADDRESS

CERTIFICATE OF DEATH

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the said County, at the City of New York, this 12th day of June, 1935.

1935

1935



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5353**

BIRTH NO. **652**

1. NAME OF DECEASED
(Type or Print) **FLORENCE O. FARNSWORTH**

2. DATE OF DEATH **June 7, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **1635 Northwick Court**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1635 Northwick Court

5. SEX **female** 6. COLOR OR RACE **white** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Jan. 10, 1875** 9. AGE (In years, last birthday) **77** 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
nurse 10B. KIND OF BUSINESS OR INDUSTRY **--**

11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Julius Dorsey

14. MOTHER'S MAIDEN NAME
Sarah R. Holt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **-** 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Florence Waddell - 1635 Northwick Ct.

18. **181X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Carcinoma of the bladder** DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **31 May, 1952** to **7 June, 1952** that I last saw the deceased alive on **6 June, 1952** and that death occurred at **12 P. M.** from the causes and on the date stated above.

23A. SIGNATURE **G. Allan** 23B. ADDRESS **4408 Loch Raven Blvd** 23C. DATE SIGNED **9 June 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6/10/52** 24C. NAME OF CEMETERY OR CREMATORY **Loudon Park Cem.** 24D. LOCATION (City, town, or county) (State) **Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 9 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Wm. J. S. Siskner & Sons** ADDRESS **Balto 17, Md.**

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully checked for correctness. If there is any correction, it should be written in ink. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

1972

1973

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

1974

1975



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5354

BIRTH NO. 52 5354

1. NAME OF DECEASED
(Type or Print)

RICHARD JOHN SCOTT

2. DATE
OF
DEATH

June 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3404 Gwynns Falls Pkwy.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3404 Gwynns Falls Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 12, 1864

9. AGE (In years
last birthday)

88

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

Floorman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Retail Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Scott

14. MOTHER'S MAIDEN NAME

Cecilia Rayhice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Nettie Glocker Scott-3404 Gwynns Falls

18.

585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute cholecystitis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

6 mo.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 100 m., from the causes and on the date stated above.

23A. SIGNATURE

Stefan F. Friedman

23B. ADDRESS

6 E Biddle St

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/10/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Dickner & Sons

ADDRESS

Baltimore, Md.

1000

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5355BIRTH NO. 52 53551. NAME OF DECEASED
(Type or Print)*Harry B. Magers*2. DATE
OF
DEATH*June 8, 1952*

3. PLACE OF DEATH:

☒ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Me.*5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Maryland General Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**15-06*

D. STREET ADDRESS (If rural, give location)

1801 Poplar Grove

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*white*7. SINGLE/MARRIED/
WIDOWED/DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

June 26, 1885

9. AGE (In years last birthday)

*66*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

John M. Magers

14. MOTHER'S MAIDEN NAME

*Hannah R. White*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*--none*16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

*Mr. John E. Magers, Jr. - Monkton, Md.*18. *442x*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *arteriosclerotic cardio-vascular*DUE TO *disease & cardiac decompensation*(B) *nephrosclerosis & uremia*

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 7, 1952*, to *June 8, 1952*, that I last saw the deceased alive on *June 8, 1952*, and that death occurred at *11 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. - Jun Lin

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

*6-8-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*JUN 9 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Sicker & Sons

ADDRESS

Balto 17, Md.

THE UNIVERSITY OF CHICAGO
LIBRARY

CHICAGO

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5356**

BIRTH NO. **5356**

1. NAME OF DECEASED (Type or Print) Henrietta Phillips			2. DATE OF DEATH June 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2037 Pennsylvania Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 2037 Pennsylvania Avenue		
B. FULL NAME OF HOSPITAL OR INSTITUTION			8. DATE OF BIRTH Dec. 13, 1886		
c. Length of stay in Baltimore 45 Yrs. Mos. Days			9. AGE (In years last birthday) 65		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	11. BIRTHPLACE (State or foreign country) Baltimore County, Md.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dennis Fenton			14. MOTHER'S MAIDEN NAME Henrietta Scott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Theresa Phillips 2037 Pennsylvania Ave.		

<p>18. 422.2</p> <p>CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>	<p>(A) Cerebral Hemorrhage (Right)</p> <p>DUE TO</p>	<p>INTERVAL BETWEEN ONSET AND DEATH 2 hrs</p>
	<p>(B) Myocardial Degeneration</p> <p>DUE TO</p>	<p>6 mos</p>
	<p>(C)</p>	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 5**, 1952, to **June 6**, 1952, that I last saw the deceased alive on **June 5**, 1952, and that death occurred at **10:44 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]		23B. ADDRESS 1543 Penn. Ave		23C. DATE SIGNED 6/6/52	
-----------------------------------	--	------------------------------------	--	--------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 6, 1952	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	24D. LOCATION (City, town, or county) (State) Arbutus, Md.
---	-------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph L. Russ	ADDRESS 1200 McCulloh St. Balto., Md.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5357

Registered No.

BIRTH No. 52 5357

1. NAME OF DECEASED
(Type or Print)

John Ennell

2. DATE
OF
DEATH

6-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

15 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2825 Lodge Farm Rd.

5300

5. SEX

Male

6. COLOR OR RACE

Negre

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 19, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Steel Worker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Arteriosclerosis & Subarach-
noid Hemorrhage

DUE TO

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic Heart Disease &
Generalized Arteriosclerosis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1952, to June 8, 1952, that I last saw the
deceased alive on June 8, 1952, and that death occurred at 6:45 PM from the causes and on the date stated above.

23A. SIGNATURE

J. D. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952

Huntington Williams, M.D.

Mrs. P. H. P. Elliott, Jr.

VS 150

6903A

1129 N. Caroline St

7537

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11-11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5358

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Elizabeth Thompson				2. DATE OF DEATH 6-6-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION Univ. of Md. Hosp.			c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 17		
c. Length of stay in Baltimore _____ Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1211 Upton St. 17-03		
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Oct. 13, 1869 92	9. AGE (In years last birthday) 92	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) S. C. Lexington		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Green Daniels			14. MOTHER'S MAIDEN NAME Catherine Daniels		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Rebecca L. Thompson 1744 Edwin St. - Phila. Pa.		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio sclerotic H. D. DUE TO Hypertension		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility		

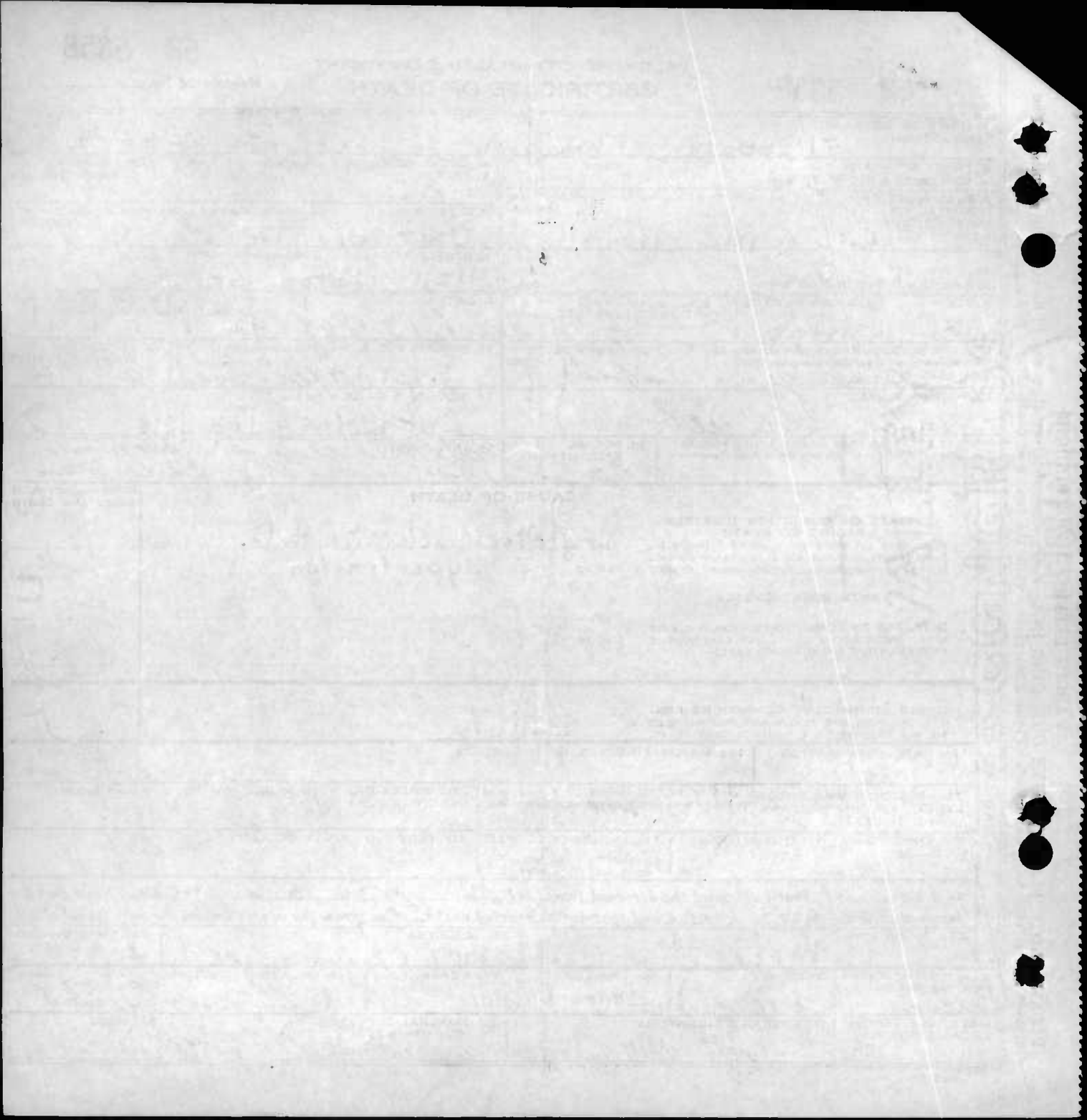
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 6-2 19 52 to 6-6 , 19 52 that I last saw the deceased alive on 6-6- , 19 52 and that death occurred at 11:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE F. Metcalfe		23b. ADDRESS 2407 Chelmsford Ave		23c. DATE SIGNED 6-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE June 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Pleasant Rest	
24d. LOCATION (City, town, or county) (State) Baltimore Co. Md.					

DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George P. Phipps	
				ADDRESS 1631 Woodfield Ave	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be clearly and legibly correct. It is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. **52 5359**

1. NAME OF DECEASED (Type or Print) **London Cheeks, Jr.** 2. DATE OF DEATH **6-6-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION **University Hospital**

C. Length of stay in Baltimore **2 Pys. Mos. Days**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **1534 Baltimore 14-02**

D. STREET ADDRESS (If rural, give location) **1534 Madison Ave.**

5. SEX **M** 6. COLOR OR RACE **C** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____

8. DATE OF BIRTH **Dec. 7, 1905** 9. AGE (In years, last birthday) **47**

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Chef Cook** 10B. KIND OF BUSINESS OR INDUSTRY **Hotel**

11. BIRTHPLACE (State or foreign country) **Harroton Co. N.C.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13. FATHER'S NAME **London Cheeks, Sr.** 14. MOTHER'S MAIDEN NAME **Kenny Crocker**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. **212-12-1041**

17. INFORMANT'S NAME AND ADDRESS **Mrs. Ruth Cheeks 1534 Madison Ave.**

18. **570.5** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Cerebral hypoxia**

INTERVAL BETWEEN ONSET AND DEATH **6 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Cardiac Arrest**

mild uremia, Intest. ob.

CERTIFICATION APPROVED BY **[Signature]**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION **6-6-52** 19B. MAJOR FINDINGS OF OPERATION **Small bowel ob. due to adhesions**

CHIEF OR ASST. MEDICAL EXAMINER AUTOPSY? YES ☐ NO ☒

20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-31-52** 19__, to **6-6-52** 19__, that I last saw the deceased alive on **6-6-52** 19__, and that death occurred at **6:30** m., from the causes and on the date stated above.

23A. SIGNATURE **Henry D. Perry Jr.** M. D. 23B. ADDRESS **University Hosp** 23C. DATE SIGNED **6-6-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **June 11, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Auburn** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **June 9 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Wallace General Home** ADDRESS **1618 68th St. Hill Park**

JUN 9 - 1952 **754 8B**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully spelled. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5360

Registered No.

BIRTH NO.

52 5360

1. NAME OF DECEASED
(Type or Print)

Margaret Kathryn Pohlman

2. DATE
OF
DEATH

6/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Queen Maccusall Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1300 22-02
546 Pr. Hand St.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

May 28 1902

9. AGE (In years last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Pohlman

14. MOTHER'S MAIDEN NAME

AMELIA WEBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

EMMA MARIE POHLMAN (SISTER)

BALTO. MD.

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of rectum

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/8/52, 19__, to 6/8/52, 19__, that I last saw the deceased alive on 5/4/52, 19__, and that death occurred at 1:25 p.m., from the causes and on the day stated above.

23A. SIGNATURE

Alfred S. Nelson

M.O.

23B. ADDRESS

23C. DATE SIGNED

June 8/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 - 1952 VS 150
Huntington Williams, M.D.
Joseph's Funeral Home, 1927 Park Avenue
City #17

1937

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CERTIFICATE OF DEATH

1937

Blank certificate form with horizontal lines for text entry.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. Physicians: please write the causes of death clearly and legibly. The correct is especially important.

B-632
52 5361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5361

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LENA C. BREDSCHNEIDER		2. DATE OF DEATH JUNE 7-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 424 N. BRADFORD ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. MD. 6-03			
C. Length of stay in Baltimore LIFE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 424 N. BRADFORD ST.			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH NOV. 9-1874	9. AGE (in years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
13. FATHER'S NAME CHARLES KLEFFLER		14. MOTHER'S MAIDEN NAME LENA KLEFFLER ✓			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT MARIE SOMERS ADDRESS 424 N. BRADFORD	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary TB.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterioscl. C. v. disease				10 yrs	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 , 19__, to 6/7/52 , 19__, that I last saw the deceased alive on 6/7/52 , 19__, and that death occurred at 1:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Becky B. Mrs. H. D.		23B. ADDRESS 448 N. Lexington Ave.		23C. DATE SIGNED 6/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 11-52		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD	
				24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Sam. H. Valentin Lake Shore PASADENA MD	

1982

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THE BUREAU OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1981

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

RELIGION

DATE OF MARRIAGE

DATE OF DIVORCE

DATE OF RE-MARRIAGE

DATE OF DEATH

DATE OF BURIAL

DATE OF CREMATION

DATE OF INTERMENT

DATE OF RE-INTERMENT

DATE OF RE-INTERMENT

DATE OF RE-INTERMENT

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DATE OF RE-INTERMENT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5362**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA PARKER		2. DATE OF DEATH June 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 834 Edmondson Avenue	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/4/86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) ESSEX, VA.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JAMES PARKER, VA		14. MOTHER'S MAIDEN NAME JANE MICKENS - VA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADA Wilson, BEREA, Rd.		ADDRESS	

18. **443X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Hypertensive cardiovascular disease**
DUE TO

ANTECEDENT CAUSES
(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

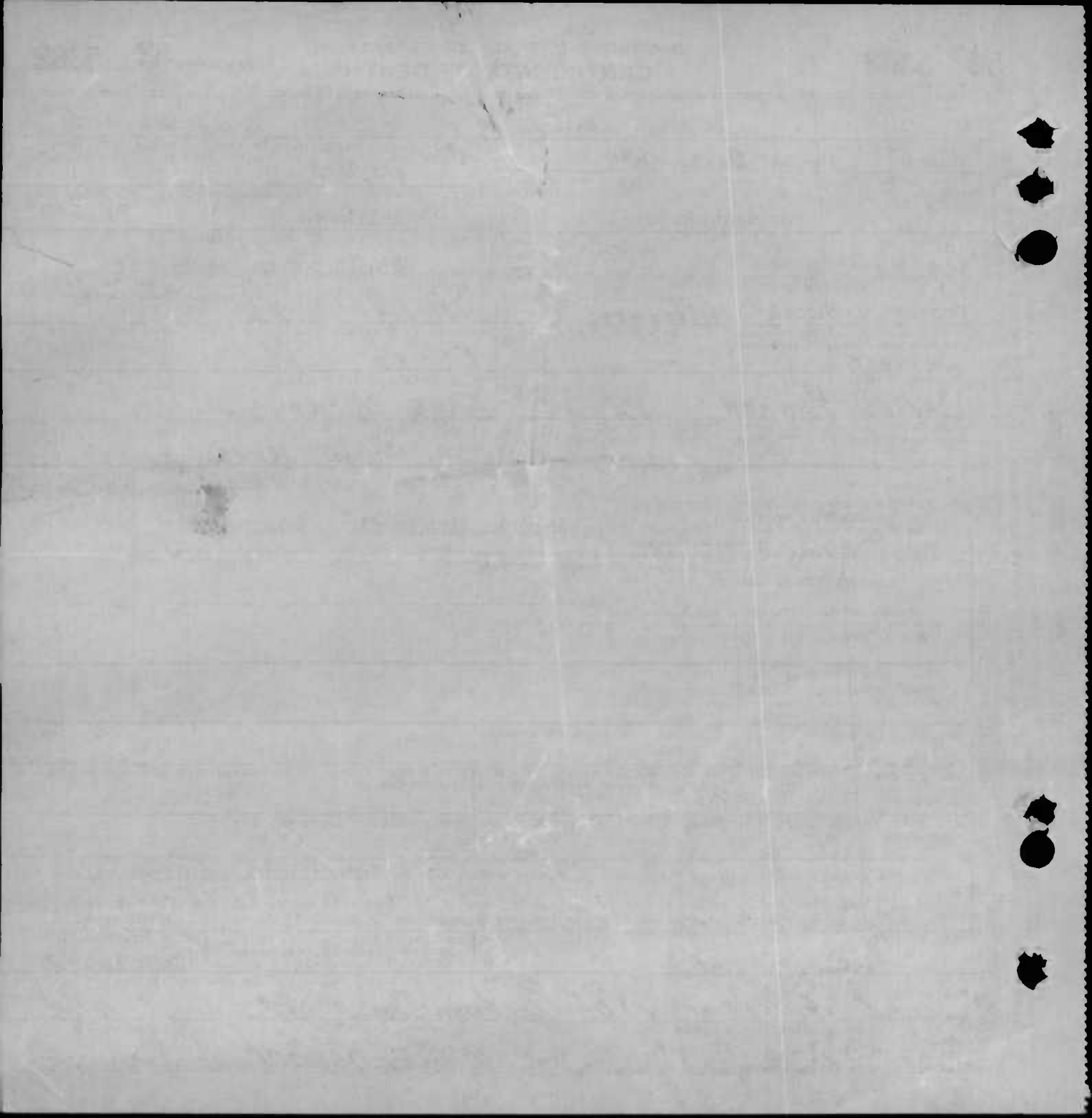
22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William L. Jackson</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 7, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/11/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem. Baltimore Md	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
VS 151		25. FUNERAL DIRECTOR <i>William L. Jackson</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be clearly and legibly. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

REA-159778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5363**

BIRTH NO. **5363**

1. NAME OF DECEASED (Type or Print) Millie Tate			2. DATE OF DEATH June 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 7 yrs.			D. STREET ADDRESS (If rural, give location) 1027 Edmondson Avenue		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/5/1914	9. AGE (in years last birthday) 37	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work, specifying most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Columbus Richards		14. MOTHER'S MAIDEN NAME Jannie ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES Hypertensive vascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cerebral Hemorrhage Hypertensive vascular disease			INTERVAL BETWEEN ONSET AND DEATH 1 month years		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-4 , 1952 , to 6-8 , 1952 , that I last saw the deceased alive on 6-8 , 1952 and that death occurred at 6:20 P. m., from the causes and on the date stated above.								
23A. SIGNATURE R. S. Vogen			23B. ADDRESS 4940 Eastern Avenue			23C. DATE SIGNED 6-9-52		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE 6-11-52			24C. NAME OF CEMETERY OR CREMATORY Gaffney, S. C.		
24D. LOCATION (City, town, or county) (State) 1304 N. Central			25. FUNERAL DIRECTOR Joseph S. Locks, Jr.			25. FUNERAL DIRECTOR ADDRESS 1304 N. Central		

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5364

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward BRANGAN

2. DATE
OF
DEATH

6/7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

26-07

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

339 S. Delight St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 4, 1903

9. AGE in years
(last birthday)

48

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck driver

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transfer

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward Brangan

14. MOTHER'S MAIDEN NAME

Mary Rebecca Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Cerebro-vascular Accident

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Stone

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

6/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

Huntington Williams, M.D.

John J. Connelly

3500 Bank St

JUN 9 - 1952

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1911

1911



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5365

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KARL RUDOLPH WURSTHORN

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 338 S. Bouldin St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

338 S. Bouldin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

Md 26-10

C. Length of stay in Baltimore

25 yrs.

D. STREET ADDRESS (If rural, give location)

338 S. Bouldin St

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

B. DATE OF BIRTH

Aug 25-1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

M. Wursthorn

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Nettie Wursthorn

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Sigmoid

15 months

DUE TO

ANTECEDENT CAUSES

(B) Generalized abdominal metastases

3 months

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-2-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Sigmoid (Inoperable)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951, to June 6, 1952, that I last saw the
deceased alive on June 5, 1952, and that death occurred at 8:20a m., from the causes and on the date stated above.

23A. SIGNATURE

Amalie E. Brown

M. D.

23B. ADDRESS

516 Cathedral St.

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-9-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem.

24D. LOCATION (City, town, or county)

Balto Co.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S. Connolly

ADDRESS

415 Eastern Ave

VS 150

56424

Balto 2, Md

Ms. 2000 - 516 Catholic Sta

Page 5000

RECEIVED BY THE STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
DATE OF DEATH

1900

1900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5366**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**MARGARET ANNIE PABST**2. DATE
OF
DEATH**June 7, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

240 S. Chapel Street

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 6, 1890

9. AGE (In years

last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR INDUSTRY

Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Schatz

14. MOTHER'S MAIDEN NAME

Mary Seitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-03-690517. INFORMANT **300 S. Collington Ave.****Miss Laura Daley**18. **174X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma, Uterus

DUE TO

(B)

Sarcoma, right leg.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 1950, to **June 7, 1952**, that I last saw the deceased alive on **June 7, 1952**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Wolhan Janney

M. D.

23B. ADDRESS

7101 Harbor Rd.

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/10.52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

1433 E. 13th St., Baltimore, Md.

3008

RECEIVED
CENTRAL INTELLIGENCE AGENCY
WASHINGTON, D.C. 20505



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 5367

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dena R. Creman

2. DATE
OF
DEATH

June 9 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

107 S. Spring Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

107 S. Spring Street

C. Length of stay in Baltimore

65 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1864

9. AGE (In years last birthday)

88

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Menash Myerowitz

14. MOTHER'S MAIDEN NAME

Ada ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Ada Staiman- 107 S. Spring Street

18. *450.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Extensive gangrene of both legs.*

DUE TO

ANTECEDENT CAUSES

(B) *arteriosclerosis generally*

DUE TO

about 6 mos

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *for the past 2 1/2 years*, 19__, to 19__, that I last saw the deceased alive on *5/24*, 19*52*, and that death occurred at *12:30 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberger

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mickro- Kodesh Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. J. Sal. Peterson

ADDRESS

1124-26 W. North Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5368**

BIRTH NO. **5368**

1. NAME OF DECEASED (Type or Print) ANNE WAXMAN		2. DATE OF DEATH 6-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 951 Brooks Lane	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June-1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 58 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Max Schindler		14. MOTHER'S MAIDEN NAME Fannie Goldstein	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Joseph Farbman-3502 W. Strathmore Ave		ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of both breasts DUE TO Metastatic adenocarcinoma		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 6/10/52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-4 , 19 52 , to 6-8 , 19 52 , that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 2:20 P m., from the causes and on the date stated above.		
23A. SIGNATURE Joseph J. Feingold	23B. ADDRESS Sinai Hospital	23C. DATE SIGNED 6-8-52
24A. BURIAL CREATION, REMOVAL (Specify) burial	24B. DATE 6/10/52	24C. NAME OF CEMETERY OR CREMATORY Balto., Hebrew Cemetery
24D. LOCATION (City, town, or county) Baltimore, Maryland		(State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sal. Lennon & Sons - 1124-26 W. North Avenue

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5369**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mary E. Heird**2. DATE
OF
DEATH**June 7/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

General German Aged Peoples Home, 22 A. Athol Ave.

c. Length of stay in Baltimore

10 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Single

8. DATE OF BIRTH

Nov. 2, 1869

9. AGE (In years last birthday)

82

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel C. Heird

14. MOTHER'S MAIDEN NAME

Kate L. Meads15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Br. Fredericka, 22 S. Athol Ave.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**asthma, emphysema, general hypoxia**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1951**, to **7 June, 1952** that I last saw the deceased alive on **7 June, 1952** and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edmondson Ave

5000 50

THE UNITED STATES DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

5000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5370**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Conrad H. Benner

2. DATE
OF
DEATH

June 7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

637 Woodington Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

637 Woodington Rd.

C. Length of stay in Baltimore

71yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 30, 1862 -- 89

9. AGE (In years last birthday)

10 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Baker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry C. Benner

14. MOTHER'S MAIDEN NAME

Bertha Errin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Benner,

637 Woodington Rd.

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Anemia & debility

DUE TO

Primary Carcinoma of Stomach

2 mos.

(C)

1 yr.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1941**, to **June 7**, 19**52**, that I last saw the deceased alive on **June 6**, 19**52**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Det. C. Wells

23B. ADDRESS

4100 Edmondson Ave.

23C. DATE SIGNED

6/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

JUN 9 - 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3830

WILLIAMSBURG CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3830



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5371
Registered No.

5371
19-158046
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henrietta F. Jones			2. DATE OF DEATH June 8-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1139 Fillmore St., zone 18		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1882	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Crann (D)			14. MOTHER'S MAIDEN NAME Caroline ? (D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Sclerosis DUE TO Contracted Kidney Bilateral	CAUSE OF DEATH Arteriosclerotic Heart Disease Coronary Sclerosis Contracted Kidney Bilateral	INTERVAL BETWEEN ONSET AND DEATH Several yrs. 5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sub-dural Hygroma		

19A. DATE OF OPERATION 4-23-52-5-22-52		19B. MAJOR FINDINGS OF OPERATION Incision and drainage Abscess Secondary closure		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-4 , 19 52 to 6-8 , 19 52 that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 10.35AM from the causes and on the date stated above.				
23A. SIGNATURE D. J. Boyen		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/11/52	24C. NAME OF CEMETERY OR CREMATORY Balto	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm Gor Inc. 1217 St. Paul St.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5372
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hattie S. Bankhead

2. DATE
OF
DEATH

6/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1415 Linden Ave

C. CITY OR TOWN (If outside corporate limits, write D. R. A. L. and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

1415 Linden Ave

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/16/1880

9. AGE (In years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm L. Schley

14. MOTHER'S MAIDEN NAME

Katherine A. Milburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hellie Holtz 2902 St. Paul St.

ADDRESS

18.

593x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Hypertensive Cardio-vascular disease
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio sclerosis*

DUE TO *Nephritis*

(C) _____

5 years

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1*, 19*52*, to *June 8*, 19*52*, that I last saw the deceased alive on *June 7*, 19*52*, and that death occurred at *4 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Hubert F. Schuman, M.D.

23B. ADDRESS

6 E Biddle St

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/10/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

115 8th Ave. Inc. 1217 St. Paul St.

ADDRESS

JUN 9 - 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2025



Form 100-101

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Date of death		6. Place of death		7. Cause of death		8. Manner of death		9. Signature of physician		10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 5373

BIRTH NO. 5373

1. NAME OF DECEASED
(Type or Print)

JOSEPH E. GEORGE

2. DATE
OF DEATH

JUNE 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland LUTHERAN Hosp

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MARYLAND

B. COUNTY BALT.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN Hosp. OF Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT.

9-08

C. Length of stay in Baltimore

63

(Yrs.
Mos.
Days)

D. STREET ADDRESS (If rural, give location)
2239 HOMENOID AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH (In years, last birthday)

5/26/89

AGE (In years, last birthday)

63

11 Under 1 Year

Months: 3 Days: 17

11 Under 24 Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BAR TENDER

10B. KIND OF BUSINESS OR INDUSTRY

- Tavern

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

- George

14. MOTHER'S MAIDEN NAME

Anna -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

216-03-0229

17. INFORMANT

ADDRESS

(WIFE) Lucille E. George

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) GENERALIZED ABNORMAL CARCINOMATOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARCINOMA BLADDER

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

5/27/52

19B. MAJOR FINDINGS OF OPERATION

TOPECTOMY FOR PAIN

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from 5/27, 1952, to 6/8, 1952, that I last saw the deceased alive on 5/7, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William O. Bonnett

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

June 8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, county)

Dorsey Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. E. Cook Inc. 217 St. Paul St.

ADDRESS

1972

50

CERTIFICATE OF DEATH

2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered ⁵⁸ 5374

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Edw. Creamer

2. DATE
OF
DEATH

June 7-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2103 St. Paul St. zone 18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 18-1882

9. AGE (In years last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Theatre

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Creamer (D)

14. MOTHER'S MAIDEN NAME

Mary ?

(D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-18-0017

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 434.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation

2 months

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-7-1952 to 6-7-1952, that I last saw the deceased alive on 6-7-1952, and that death occurred at 12.55PM from the causes and on the date stated above.

23A. SIGNATURE

J. L. Cogen

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

6-7-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/10/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

UNITED STATES OF AMERICA
DEPARTMENT OF COMMERCE
BUREAU OF CUSTOMS

Form No. 101-1 (Rev. 1-1-60)

Importation of Goods

By

For

On

At

By

For

On

At

By

For

On

At

By

For

On

At

By

For

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Quantity

Unit

Rate

Amount

Value

Med. Exam Case

52 5375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5375

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie C. Praley

ANNIE C. PRALEY

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Acc Room

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

7429 Starford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Nov. 11, 1871

9. AGE (In years
1st birthday)

80

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Heck

14. MOTHER'S MAIDEN NAME

Amelia Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial infarction

? 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

M.D.

CHIEF CLERK MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1952 to 6-9, 1952 that I last saw the deceased alive on 6-9, 1952 and that death occurred at 1:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leighton E. Elmy

M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. M. G. & Co.

ADDRESS

1217 St. Paul Street

VS 150

Released to Hospital

NOT A MEDICAL EXAMINER'S CASE
R. H. Fisher
..... M.D.
CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5376

BIRTH NO. 5376

1. NAME OF DECEASED (Type or Print) MARY LOUISE SHOUP			2. DATE OF DEATH JUNE 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY X		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write full name, and give township) BALTIMORE 10-02		
c. Length of stay in Baltimore 11 yrs.			D. STREET ADDRESS (If rural, give location) 847 HILLMAN COURT		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH 8/26/16	9. AGE (In years last birthday) 35	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alphonse Lambermont			14. MOTHER'S MAIDEN NAME Louise Patterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Louise Lambermont		ADDRESS 4098 M^e Kear St

18. 410X	CAUSE OF DEATH (Butler Penna)	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) BILATERAL PULMONARY EMBOLISM	
ANTECEDENT CAUSES	(B) AURICULAR MURAL THROMBUS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from MAY 29 19 52 to JUNE 7 , 19 52 , that I last saw the deceased alive on JUNE 7 , 19 52 , and that death occurred at 10:26 A. M., from the causes and on the date stated above.				
23A. SIGNATURE Erwin Wilkin		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED June 7, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/11/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county), (State) Balto.
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952	REGISTRAR'S SIGNATURE Huntington Wilkin	25. FUNERAL DIRECTOR Philip Herzig	
		ADDRESS 2024 Orleans St	

8772

1914-1915

10/15/15

10/15/15

11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5377**

623
5377
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barbara M. Crystal			2. DATE OF DEATH 6/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Md. B. COUNTY 18-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 869 W. Fayette St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 65 Yrs. Mon. Days Dece.			D. STREET ADDRESS (If rural, give location) 869 W. Fayette St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3/25/1874		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) York Pa.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT William A. Shingle	
				ADDRESS 869 W. Fayette St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cor. failure		CAUSE OF DEATH Acute Cor. failure	INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO Hypertensive Card. Vas. Disease	
		(C) DUE TO	

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 7**, 19**46**, to **June 7**, 19**52**, that I last saw the deceased alive on **June 4**, 19**52**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE Charles J. Tommasello M. D.		23B. ADDRESS 910 W. Lombard St.		23C. DATE SIGNED June 9/52	
--	--	---	--	--------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/11/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Dogwood Rd	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John J. Cowan & Son		ADDRESS 901 St.	

777



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5378**

BIRTH NO. **52 5378**

1. NAME OF DECEASED (Type or Print) Theresa Berger			2. DATE OF DEATH June 8 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5 N. EAST AVE.			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) BALTIMORE 26-10		
c. Length of stay in Baltimore 76 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5 N. EAST AVE.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 16, 1876		9. AGE (in years, last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JACOB HUBNER			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Chotilda Ochlebski 5 N. East Ave		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertension Cardio-Vascular - heart failure		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Frank Anemia		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 8 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to June 8, 1952 , that I last saw the deceased alive on June 8, 1952 , and that death occurred at 3:20 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE Andrew J. Thompson		23B. ADDRESS 2529 Eastern Ave.		23C. DATE SIGNED 6-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JUNE 14, 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 2118 E. BALTIMORE ST. BERNARD BABROWSKY

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct and is especially important. Physicians: please write the causes of death clearly and legibly.

8772 52

THE UNIVERSITY OF CHICAGO

LIBRARY OF THE UNIVERSITY OF CHICAGO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5379

BIRTH NO. 52 5379 92-09711

1. NAME OF DECEASED
(Type or Print)

JAMES G. McCabe Jr.

2. DATE
OF
DEATH

June 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-28-52

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James G. McCabe

14. MOTHER'S MAIDEN NAME

Mary Edelen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT (Name and Address)

JOHNS HOPKINS HOSPITAL

18.

754.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Congenital Heart Disease, Cyanotic. Single ventricle with mitral atresia.

(B) DUE TO (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Birth-6 wks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-28, 1952, to 6-8, 1952, that I last saw the deceased alive on 6-8, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Pinchot Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc.

ADDRESS

1900 Eutaw Place

JUN 9 - 1952

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5380****52 5380**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Leonidas M. Tomblin*2. DATE
OF
DEATH*June 9, 1952*

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

*md.*5. FULL NAME OF
HOSPITAL OR
INSTITUTION*Maryland General Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

635 N. Bentalan

6. SEX

m.

7. COLOR OR RACE

*white*8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

9. DATE OF BIRTH

*April 24, 1888*10. AGE (In years
last birthday)*65*11. Under 1 Year
Months Days12. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)*Farmer*10B. KIND OF BUSINESS OR
INDUSTRY*Blacksmith*

11. BIRTHPLACE (State or foreign country)

*West. Va.*12. CITIZEN OF
WHAT COUNTRY?*American*

13. FATHER'S NAME

Leonidas Tomblin

14. MOTHER'S MAIDEN NAME

*Sarah Moore*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Bernice Tomblin 635 N Bentalan*18. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Hypertensive cardiac-vascular
disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *nephrosclerosis & uremia*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from *6-9*, 19*54* to *6-9*, 19*52* that I last saw the
deceased alive on *6-9*, 19*52* and that death occurred at *11:30 AM* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Bernice Tomblin

M. D.

*md. General Hosp.**6-9-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*General**Jan 9 1952**Tomblin Cem**Burnsville W. Va.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 9 - 1952**Huntington Williams, MD**Thayer, H. W. 4101 Edmondson*

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UNITED STATES DEPARTMENT OF AGRICULTURE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5381

BIRTH NO. 52 5381

1. NAME OF DECEASED (Type or Print) <i>Frank Heil</i>			2. DATE OF DEATH <i>6/8/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26 02</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5208 Barbara Ave</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-25-1903</i>	9. AGE (In years last birthday) <i>49</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>meat packing</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Meat Packer</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Joseph Heil (M)</i>			14. MOTHER'S MAIDEN NAME <i>Antoinette Handresh</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>212-10-7540</i>	17. INFORMANT ADDRESS <i>Sarah Heil 5208 Barbara Ave</i>		

18. *162X* I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) *Brochogenic Carcinoma of Rt. Main Bronchus of Rt Lung*

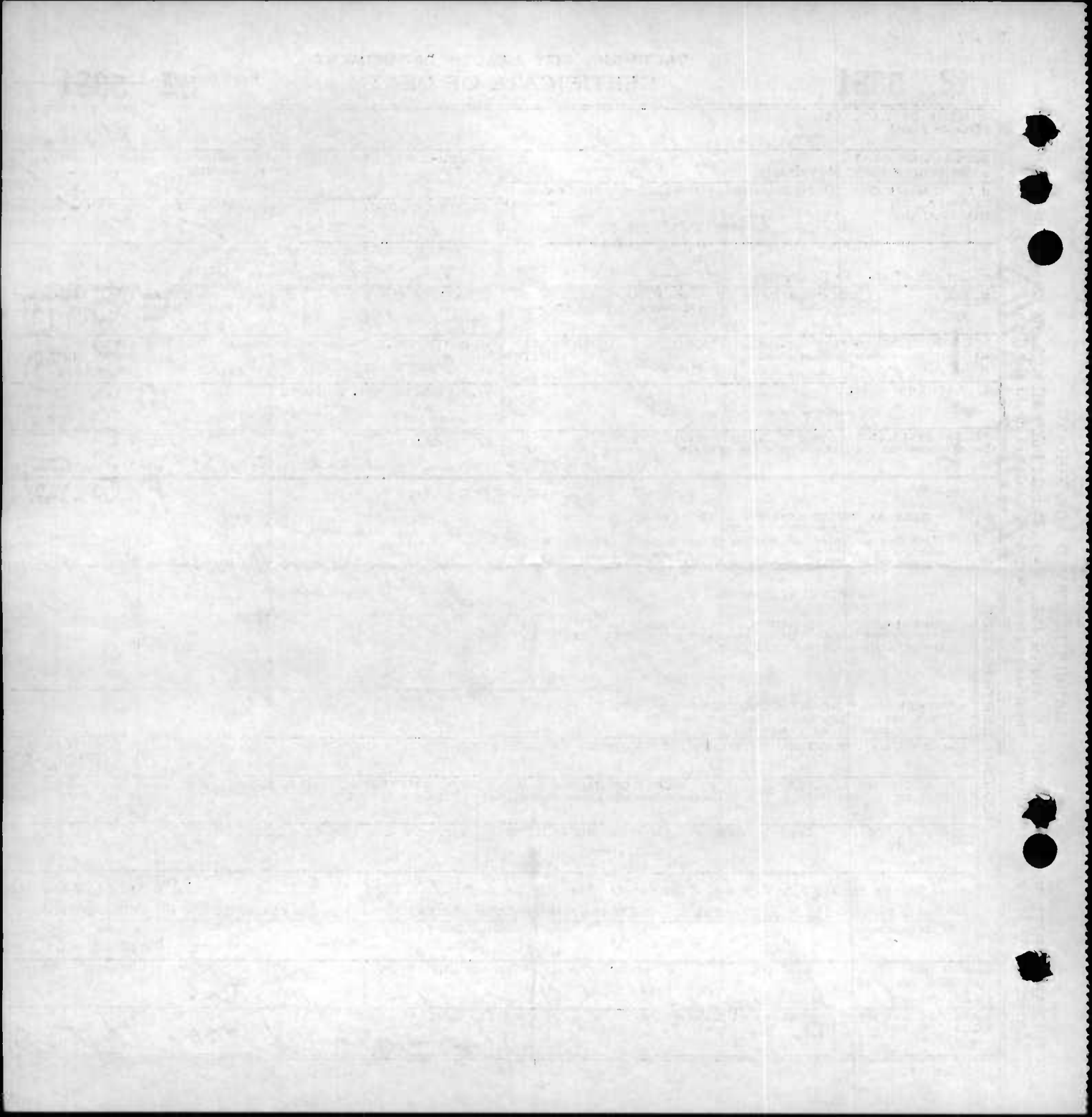
(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

from 12-17-51

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-17, 1951</i> , to <i>6-8-</i> , 1952 that I last saw the deceased alive on <i>6-8-</i> , 1952, and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>M. J. Dainoff</i>		23B. ADDRESS <i>3218 Eastern Ave</i>		23C. DATE SIGNED <i>6-9-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 12/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Huntington-Washington, Md.</i>		24F. FUNERAL DIRECTOR <i>Joseph A. Crach 700 N. Chestnut St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 9 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington-Washington, Md.</i>		25. FUNERAL DIRECTOR ADDRESS	



BERGER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Berger*2. DATE
OF
DEATH*June 9 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Howard N. Home*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*md Balto*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Raspburg

D. STREET ADDRESS (If rural, give location)

5001. Hazelwood Ave

C. Length of stay in Baltimore

4 - Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*NO.**NONE**Mrs Geo. Berger 5001. Hazelwood Ave*18. *260X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Bronchopneumonia**3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Generalized arteriosclerosis**3 years*

(C)

*Diabetes mellitus**1 year*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 15, 1952*, to *June 9, 1952*, that I last saw the
deceased alive on *June 8, 1952*, and that death occurred at *1 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wier

23B. ADDRESS

920 St. Paul St.

23C. DATE SIGNED

*June 10, 52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**6/11/52**Veruvalan Luth Cem**Balto**md**JUN 10 1952**Huntington Williams, M.D.**Lazarus Funeral Home 7401. Balto Rd*

VS 150

10010

Dr L. Wise

920 St Paul St,

5-520

52 5383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5383

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES SIMMS

2. DATE
OF
DEATH9th June 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BELAIR

D. STREET ADDRESS (If rural, give location)

R. F. D.

c. Length of stay in Baltimore

Yrs.
Mos.
5 - Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 16th 18699. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Farmer own Farm

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

WILLIAM SIMMS

14. MOTHER'S MAIDEN NAME

ETHEL MC LEARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

William A. Simms

ADDRESS

6805 Bank St

18. 434.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Cardiac Decompensation

Three Weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumonia

Four Days

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7th, 1952, to June 9th, 1952, that I last saw the
deceased alive on 8th June, 1952, and that death occurred at 4:35 Am., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Quinn

M. D.

23B. ADDRESS

Mercy Hospital Balt.

23C. DATE SIGNED

9th June 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

St. Michaels & St. Ann

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassalme Funeral Home 7401 Belair Rd

ADDRESS

JUN 10 1952

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully collected. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

52 5384

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5384

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY MARGARET SUNDERLAND

2. DATE
OF
DEATH

JUNE 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

22 EAST HILL STREET

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

22-01

D. STREET ADDRESS (If rural, give location)

22 EAST HILL STREET

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov. 21, 1862

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES E. SMITH

14. MOTHER'S MAIDEN NAME

ALTHEA ESSEX

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. IRENE TRAUTY

SAME

18.

332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerosis; cerebral

2 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8 1952, to 6-8 1952, that I last saw the
deceased alive on 6-8 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Velock, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

6-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEM.

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1952

REGISTRAR'S SIGNATURE

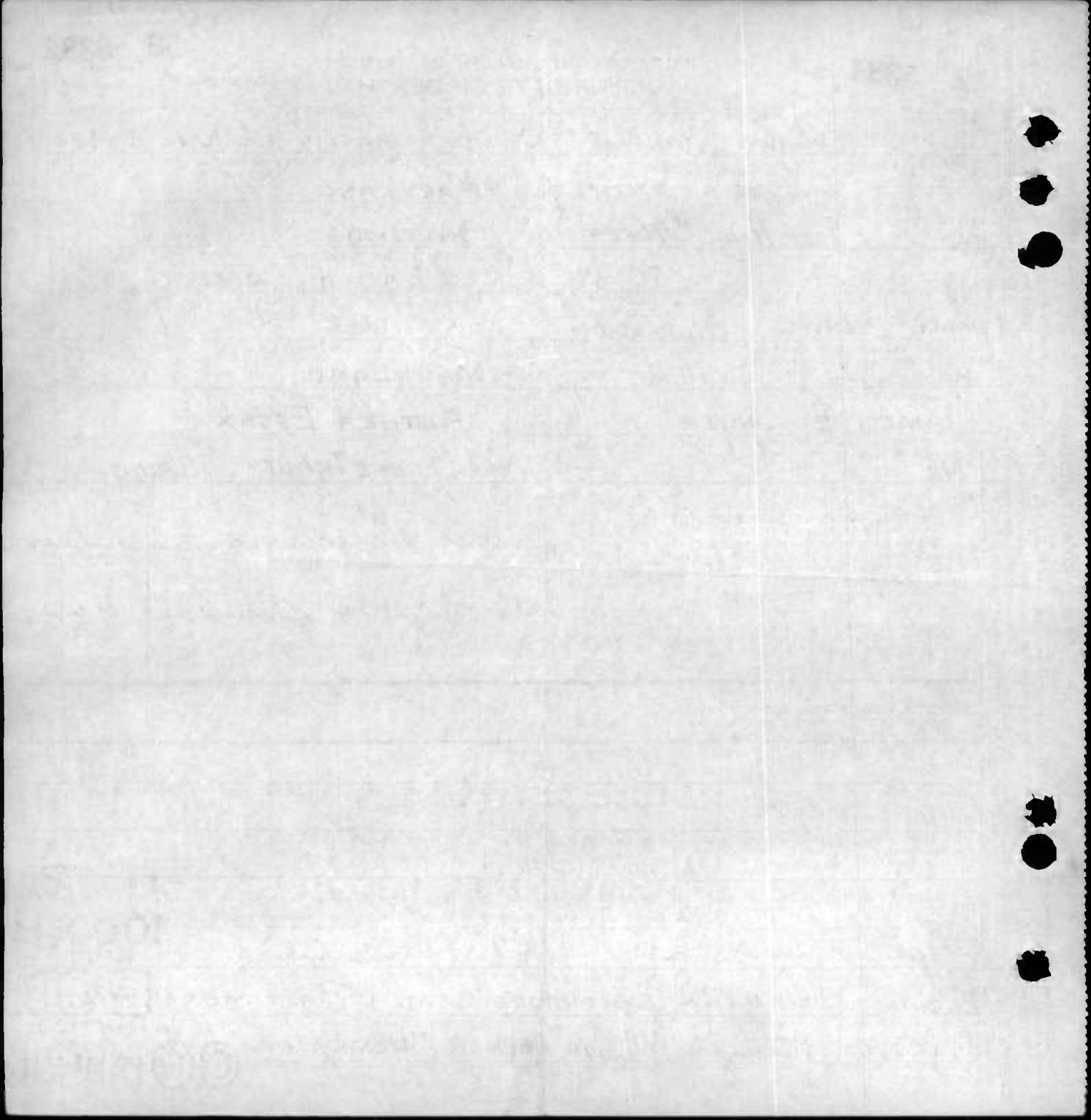
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JOHN F. DENNY, INC.

715 LIGHT ST.

BALTO., 30, MD.



52 5385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5385

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Maggie Smith		2. DATE OF DEATH June 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 521 W. Biddle St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 521 W. Biddle St.			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Edmondson Richard		14. MOTHER'S MAIDEN NAME Sarah Byrd			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS M's Christinia Dorsey 521 W. Biddle	
18. 200.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Squamous cell carcinoma of lymph node on left side of neck		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 9, 1952 , to June 8, 1952 , that I last saw the deceased alive on May 31, 1952 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Campbell		23B. ADDRESS 718 Dolphin St.		23C. DATE SIGNED 6-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-12-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD.	
24G. FUNERAL DIRECTOR W. H. Francis & Co.		24H. ADDRESS 578 W. Biddle St.		24I. VS 150	
Note: Patient had been receiving X-ray therapy at University Hospital.					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-520
52 5386
15-10104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5386
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Margaret Young	
2. DATE OF DEATH June 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue	
C. Length of stay in Baltimore 24 yrs.	
5. SEX Female	6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1913
9. AGE (In years last birthday) 38	10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.	12. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME James A. Young	14. MOTHER'S MAIDEN NAME Matilda Fleet
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	
18. 456x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Disseminated Lupus Erythematosus DUE TO Bronchopneumonia DUE TO INTERVAL BETWEEN ONSET AND DEATH 4 years 4 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
21A. DATE OF OPERATION	21B. MAJOR FINDINGS OF OPERATION
22. I hereby certify that I attended the deceased from 4-7 , 19 52 to 6-8 , 19 52 , that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 1 P m., from the causes and on the date stated above.	23. DATE SIGNED 6-9-1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-12-52
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md.
25. FUNERAL DIRECTOR ADDRESS	26. DATE RECEIVED BY LOCAL REGISTRAR
27. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
28. DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1952	

52 5387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5387
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE

DAILEY

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityB. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

402 Myrtle Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April-17-1895

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Arrundle Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McClellan

14. MOTHER'S MAIDEN NAME

Gertrude Henson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Winters Dailey 402 Myrtle Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. Fisher*23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

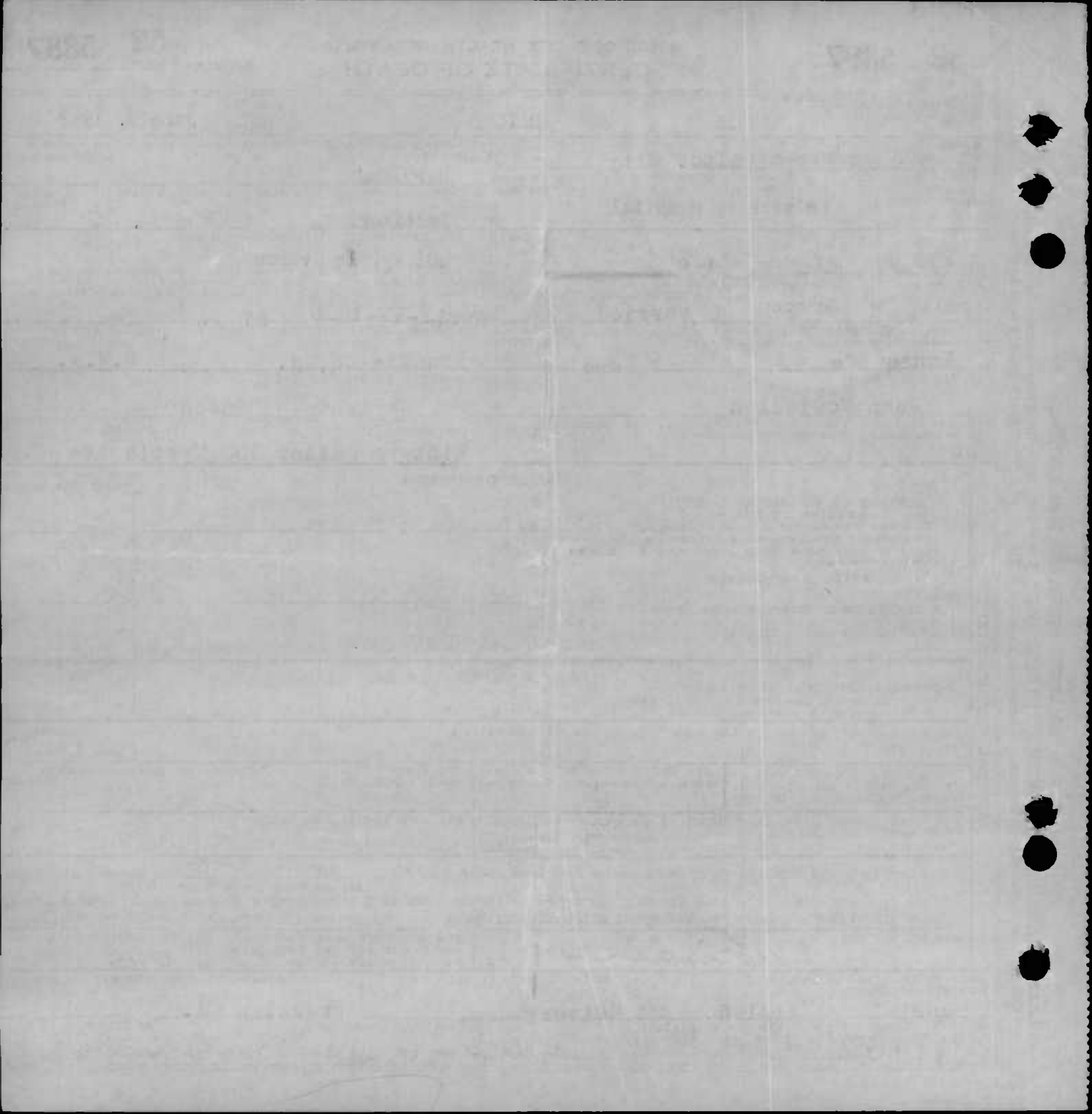
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1952

Huntington Williams, M.D. 1000 Brantly Ave



52 5388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Howard Johnson*2. DATE
OF
DEATH*June 9, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *13 N. Castle St.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Ind.**Balt.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*None*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Ind. 6-04

D. STREET ADDRESS (If rural, give location)

13 N. Castle St.

c. Length of stay in Baltimore

82 yrs.

5. SEX

M

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*Sept. 28, 1869*9. AGE (In years
last birthday)*82*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Farmer*10B. KIND OF BUSINESS OR
INDUSTRY*farming*

11. BIRTHPLACE (State or foreign country)

*Baltimore Ind.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

The Johnson

14. MOTHER'S MAIDEN NAME

*Sarah (unknown)*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.*none*

17. INFORMANT

ADDRESS

*Carrie Johnson (wife) same address*18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis, left middle 3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease 10 yrs.

DUE TO

(C)

*Generalized Arteriosclerosis unknown*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*none*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 8*, 1952, to *June 9*, 1952 that I last saw the
deceased alive on *June 8*, 1952, and that death occurred at *12:40 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

James H. Marshburn

23B. ADDRESS

Ridge Road, Balt. 6

23C. DATE SIGNED

*June 9, 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

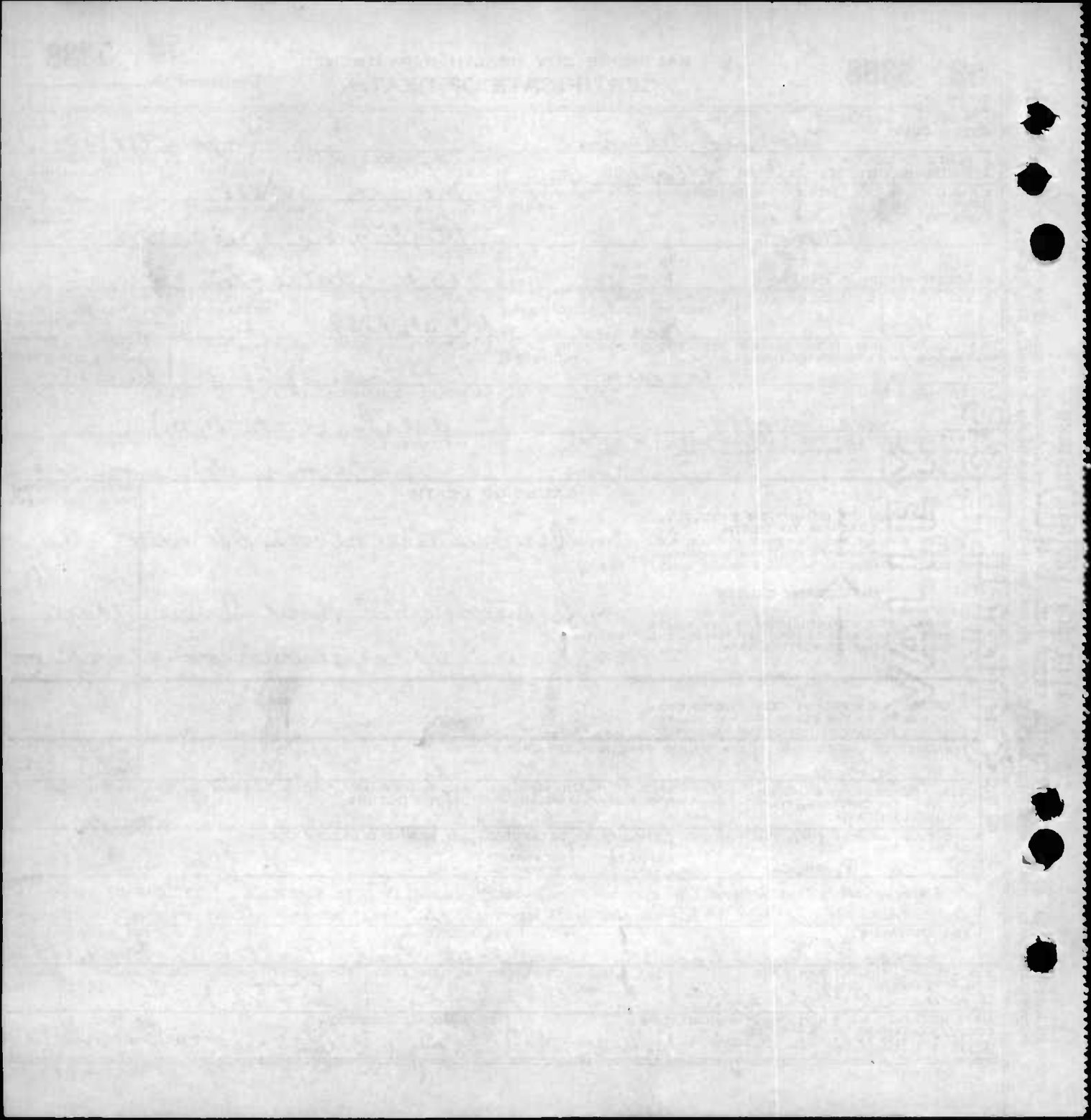
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial
6/12/52
*Patty Hill**Huntington Williams, M.D.**Elroy O. Wilson 1000 Brantly ave*



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5389**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes

Wise

2. DATE
OF
DEATH

June-8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1212 West Lexington Street

C. Length of stay in Baltimore

30 Yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

13. FATHER'S NAME

Frank Ryley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Sept.-19-1880

9. AGE (In years
last birthday)

71

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Accomac Co., Va.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah Hall

17. INFORMANT

ADDRESS

Novella Rayfield 859 Harlem Ave

18. **450.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Arterio Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-1-**, 1948 to **6-8-**, 1952 that I last saw the
deceased alive on **6-7-**, 1952 and that death occurred at **10:20 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

John E. S. Pomeroy, M. D.

23B. ADDRESS

639 N. Carey St.

23C. DATE SIGNED

6-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/1952

24C. NAME OF CEMETERY OR CREMATORY

Accomac

24D. LOCATION (City, town, or county)

Accomac Co., Va.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

FUNERAL DIRECTOR

Elroyo. Wilson 1000 Brantly av

52 5390

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5390

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA A. HARRISON

2. DATE
OF
DEATH

6/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3442 MAYFIELD AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

BALTO.

26-03

D. STREET ADDRESS (If rural, give location)

3442 MAYFIELD AVE

c. Length of stay in Baltimore

61

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH 1882

JULY 3, 1878

9. AGE (In years last birthday)

73 69

10. Under 1 Year

Months Days

Hours Min.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

-

13. FATHER'S NAME

Julius Maddux

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. IDA M. BECK - GRAND DAUGHTER

18. 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA OF UTERUS
DUE TO METASTASIS.

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CEREBRAL HEMORRHAGE

7 MOS.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) GENERALIZED ARTERIOSCLEROSIS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 2, 1952 to JUNE 9, 1952 that I last saw the deceased alive on JUNE 9, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry J. Houska

23B. ADDRESS

333 S. East Ave

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-10-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore & County

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

JUN 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. Conklin

ADDRESS

CERTIFICATE OF DEATH

POSTMASTER: RETURN TO DEPARTMENT OF HEALTH

NO. 1000

1912



52 5391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5391

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY CLAYTON McBRIDE

2. DATE
OF
DEATH

JUNE 8 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Don Spours CHURCH HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-08

D. STREET ADDRESS (If rural, give location)

3809 E. LOMBARD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

APRIL 22 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RADIO REPAIR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

WEST VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

SEYMOUR McBRIDE

14. MOTHER'S MAIDEN NAME

ADH STEIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)INFARCTION OF MYOCARDIUM - 3 DAYS
DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSISINTERVAL BETWEEN
ONSET AND DEATH

3 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ARTERIOSCLEROTIC HEART DISEASE - 3 YRS.
DUE TO CORONARY INSUFFICIENCY
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

H.C.V.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1948 to 6/8, 1952 that I last saw the deceased alive on 6/7, 1952 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dorothea W. Muntz

M. D.

23B. ADDRESS

3009 EVERGREEN AVE

23C. DATE SIGNED

6/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Schwartz's Cemt. Balto

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Clarence T. Hoffmann 1639 Broadway

ADDRESS

VS 150

552 84

[illegible]

14010

10/12/2018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5392
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILMER

BAKER

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1104 E. Biddle Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-20-22

9. AGE (in years
last birthday)

29

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Co.

11. BIRTHPLACE (State or foreign country)

Robinson Co., N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hessie Baker

14. MOTHER'S MAIDEN NAME

Susie Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

USA Navy

16. SOCIAL
SECURITY NO.

237-30-2522

17. INFORMANT

Susie Taylor - Rt. 2 Box 28

ADDRESS
Nashville, N. C.

18. E982X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Laceration of brain

DUE TO Stab wound

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1522 E. Madison Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found 3:30 a.m. 6/8/52

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, ☒ undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/15/52

24C. NAME OF CEMETERY OR CREMATORY

Richardson Cemetery

24D. LOCATION (City, town, or county)

Nashville, N. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Law, 802 Mad. ave.

ADDRESS

VS 151

N853.2

6836A 309

8072 22

WASH. CO. MOUNTAIN VIEW
PEARL HARBOR

8072 22



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5393**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Mamie Gertrude R. Discus**2. DATE
OF
DEATH**6-8-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

933 Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

933 Park Ave.

C. Length of stay in Baltimore

61 yrs.Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-7-1890

9. AGE (in years last birthday)

6110. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

Robert Chase

14. MOTHER'S MAIDEN NAME

Georgeanna Askins15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Vashti Bristol 933 Park Ave.

1B.

421.4DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-29**, 19**52**, to **6-8**, 19**52**, that I last saw the deceased alive on **6-8**, 19**52**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

861 Harlem Ave.**6-10-52**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-13-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1952**Henington Williams, M.D.****Charles R. Law 802 Madison Ave.**

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MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct age, sex, especially important. Physicians: please write the causes of death clearly and legibly.

400

52 5394

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 5394

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>E. L. Cole</i>			2. DATE OF DEATH <i>June 8th 1952</i> <i>9 P.M.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
C. Length of stay in Baltimore <i>2 Weeks</i>			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept-1880</i>	9. AGE (In years last birthday) <i>72 yrs</i>	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LAUNDRY WORKER</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Cole</i>			14. MOTHER'S MAIDEN NAME <i>Emma Heath</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>74,544,537</i>	17. INFORMANT ADDRESS <i>Little Sisters of the Poor</i>		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) <i>Bronchial Asthma</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>5 yrs</i> <i>2 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 7-1952* to *June 8, 1952* that I last saw the deceased alive on *June 7-1952* and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. G. Hall M.D.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>June 10-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 11, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Memorial</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	25. FUNERAL DIRECTOR <i>Robert W. Bedfield</i>	ADDRESS <i>900 E. Beulah St</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 10 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		

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BALTIMORE CITY HEALTH DEPARTMENT

DEPARTMENT OF HEALTH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5395BIRTH NO. 52 5395

1. NAME OF DECEASED (Type or Print) CLYDE WRIGHT		2. DATE OF DEATH June 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 11-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 10 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1302 McCulloh Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH - - 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		9. AGE (In years last birthday) 46	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GREENSBORO N.C.	
13. FATHER'S NAME JOHN WRIGHT N.C.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME EMMA WILLIAMS N.C.	
16. SOCIAL SECURITY NO.		17. INFORMANT 2005 Rosetta Moore, STANLEY ST GREENSBORO N.C.	

18. E982X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple stab wounds of head, face, and neck		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) tavern		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1007 Pennsylvania Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/8/52 11:22 a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? sharp instrument
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6/9/52

24A. BURIAL, CREMATION, REMOVAL (Specify): SHIPPED	24B. DATE 6/12/52	24C. NAME OF CEMETERY OR CREMATORY GREENSBORO CEM	24D. LOCATION (City, town, or county) (State) GREENSBORO N.C.
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1952		25. FUNERAL DIRECTOR William Jackson 916 Penna org	
REGISTRAR'S SIGNATURE Huntington Williams			

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RECEIVED BY THE
LIBRARY OF THE
UNITED STATES OF AMERICA

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52 5396

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

52 5396
BIRTH NO. *Non Res.*

1. NAME OF DECEASED (Type or Print) <i>Bonnie Sue Long</i>		2. DATE OF DEATH <i>June 10, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Delaware</i> B. COUNTY <i>V-27</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Middletown</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		O. STREET ADDRESS (If rural, give location) <i>R.F.D. 2</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 17, 1952</i>
9. AGE (In years last birthday) <i>25</i>		If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George Long</i>		14. MOTHER'S MARDEN NAME <i>Doris Bates</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>atelectasis & Pneumonia Right Lung -</i>		<i>1 wk</i>
	(B) <i>? Congenital Heart Disease & Cardiac Failure</i>		<i>3 wks</i>
(C) <i>Chondro dystrophy</i>			<i>" "</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-9</i> , 19 <i>52</i> to <i>6-10</i> , 19 <i>52</i> that I last saw the deceased alive on <i>6-10</i> , 19 <i>52</i> and that death occurred at <i>1.30 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Will Scott MD</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-10-52</i>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE <i>June 11, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cecilton Cem.</i>	
24D. LOCATION (City, town, or county) <i>Cecilton Md.</i>		24E. STATE <i>Md.</i>		24F. LOCATION (City, town, or county) <i>Cecilton Md.</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>0 1952</i>		24H. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		24I. GENERAL DIRECTOR'S ADDRESS <i>Edward P. Hume, M.D.</i>	

JUN 15 1952

52 5396

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATER RIGHTS

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13.32-0
52 5397BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5397
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY C. BUDCKA

2. DATE
OF DEATH June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital Baltimore-Brooklyn 25-04

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

4102 Orchard Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday) 11 Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 and E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of right femur

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

4102 Orchard Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
April 30, 195221E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently fell from bed to floor

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 10, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

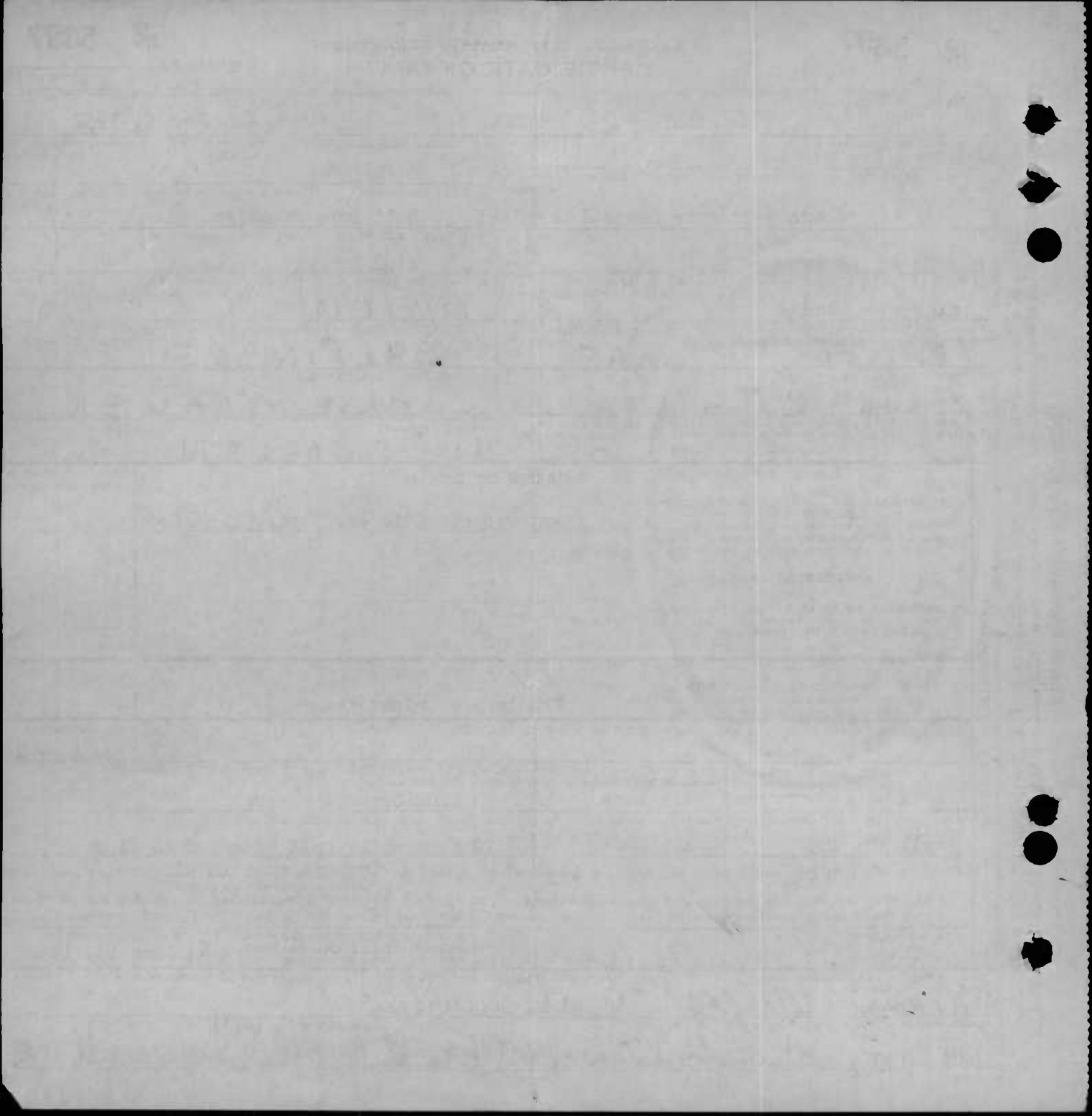
ADDRESS

V S 151

N. 821.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5398

52 5398

BIRTH NO.

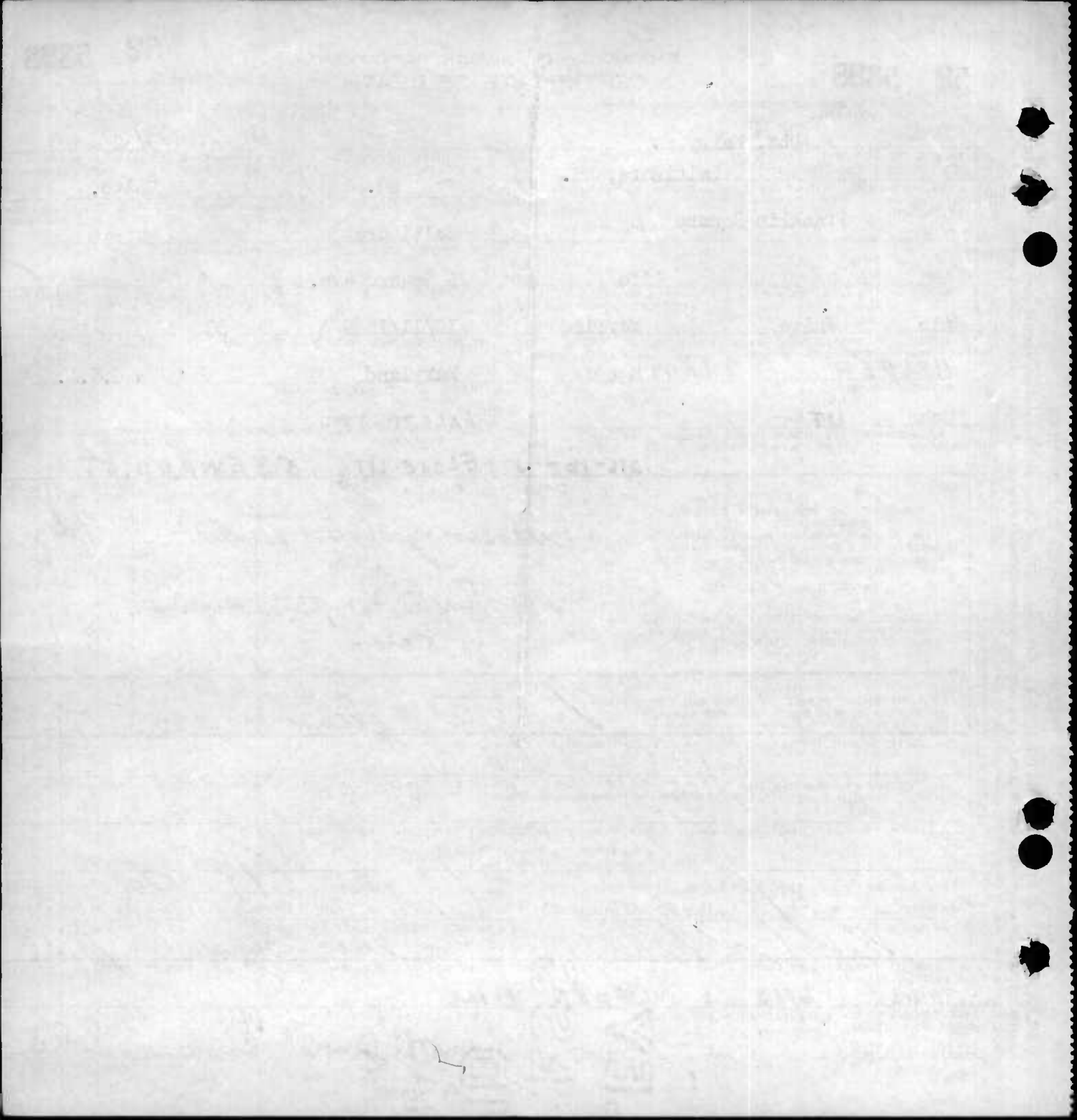
1. NAME OF DECEASED (Type or Print) Utz, Harry			2. DATE OF DEATH 6/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel (Balto.)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
D. STREET ADDRESS (If rural, give location) 5 Seward Ave.			Brooklyn		
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/11/1889	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HELPER			10B. KIND OF BUSINESS OR INDUSTRY TRUCKING		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Utz			14. MOTHER'S MAIDEN NAME SHALETT Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-10-6271		
17. INFORMANT ELsie UTz			ADDRESS 5 SEWARD ST		
18. 572.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis DUE TO Pneumonia - rupture sigmoid colon ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Paratyphoid enteritis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Generalized peritonitis Pneumonia - rupture sigmoid colon Paratyphoid enteritis		
19A. DATE OF OPERATION 6/12/52			19B. MAJOR FINDINGS OF OPERATION Generalized peritonitis		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/9/52 to 6/9/52 , that I last saw the deceased alive on 6/9/52 and that death occurred at 10A m., from the causes and on the date stated above.					
23A. SIGNATURE Robert J. Chubbs		M. D. Franklin Square		23C. DATE SIGNED 6/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/12/52		24C. NAME OF CEMETERY OR CREMATORY CEDER HILL	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Chas P. Towell		ADDRESS 1411 Windermill Rd	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

970 532 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5399

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Goldie Solomon

2. DATE
OF
DEATH

6.9.1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Balto, Maryland*
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 27-17

D. STREET ADDRESS (If rural, give location)

2904 Oakley Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (in years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nesson

14. MOTHER'S MAIDEN NAME

Karla

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry Solomon - Same

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebrovascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Arteriosclerotic hypertension
cardiovascular disease*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6.9.1952* to *6.9.1952*, that I last saw the deceased alive on *6.9.1952* and that death occurred at *6:40 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Chelminsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6.9.52.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-10-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewin 2100 Eastern Rd

JUN 10 1952

VS 150

52 5399

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0102

8

0102



52 5400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES ROSTON LEWIS

2. DATE
OF
DEATH

June 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

1218 N. Stricker Street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

6/25/00

9. AGE (In years

last birthday)

51

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

peckhand

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joe Lewis

14. MOTHER'S MAIDEN NAME

Mary Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.
139-18-3981

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic glomerulonephritis with
uremia

Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 29, 1952, to June 7, 1952, that I last saw the
deceased alive on June 7, 1952, and that death occurred at 2:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D.W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial June 12, 1952 Mt. Auburn Baltimore

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1952

Huntington Williams, Md.

5630 Grand Hill Ave

Holland Funeral Home

L-320

52 5401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Lutz

2. DATE
OF
DEATH

June 9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Shriner Nursing Home

3520 Hilton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-11

D. STREET ADDRESS (If rural, give location)

3520 Hilton Rd.

c. Length of stay in Baltimore

60 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 25, 1865

9. AGE (In years last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Koenic

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Flora Lutz, 609 Praeside Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterio sclerotic Cardiovascular Disease years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to June 9, 1952, that I last saw the deceased alive on Apr 22, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Kearney Zogge

M. D.

23B. ADDRESS

3101 W. Baltimore St.

23C. DATE SIGNED

June 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 12/52

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully spelled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Kennard Yaffe

3101 W. Balto. St.

Sil. 1441.

② D-250

52 5402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5402

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maurice W. Dixon

2. DATE
OF
DEATH

June 8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5112 Edmondson Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5112 Edmondson Ave.

c. Length of stay in Baltimore

27 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 16, 1889

9. AGE (In years last birthday)

62

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Merchant Marine

11. BIRTHPLACE (State or foreign country)

Wash. D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Girard Dixon

14. MOTHER'S MAIDEN NAME

Mary Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret Dixon, 5112 Edmondson Ave

18. 420.0 and 260x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Chronic hypocholitis with cardiac hypertrophy + insufficiency + congestive failure

(B)

DUE TO

Arteriosclerotic hypertens. disease + generalized arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

several years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

30 years.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1952, to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 545 AM from the causes and on the date stated above.

23A. SIGNATURE

William Michel

M. D.

23B. ADDRESS

1015 Poplar Street

23C. DATE SIGNED

June 9, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave

VS 150

67353

STATE OF TEXAS

DEPARTMENT OF HEALTH

1915

1915



T-653
52 5403BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5403
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Angela R. Trundle*2. DATE
OF
DEATH*June 8, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *4506 Sorrentino*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION

Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3517 Menlo Drive

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 25, 1897

9. AGE (in years last birthday)

*55*H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

H. Clayton Trundle

14. MOTHER'S MAIDEN NAME

Emmaline Spengler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT *SIDNEY TRUNDLE* ADDRESS *Silver Springs 7 Hilltop Rd.*18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO

4 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-1*, 1952 to *6-8*, 1952 that I last saw the deceased alive on *6-8*, 1952, and that death occurred at *3:50 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

D. H. Lyons

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

6-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Libertytown, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Louise Lyons

ADDRESS

5005 Phyllis Ave.

JUN 10 1952

VS 150

0588T

B-200

52 5404

52 5404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion Buck

2. DATE
OF
DEATH

6-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Provident Hospital

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

705 N. Stricker St. 16-02

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 1, 1885

9. AGE (in years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Hanger

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greensboro, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Roland Duck

Cons.

14. MOTHER'S MAIDEN NAME

Emma

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, never unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Addie Buck 705 N. Stricker St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William W. Williams

23B. CHIEF MEDICAL EXAMINER ☐ M.D.
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

6-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial June 10, 1952

June 10, 1952

Arbutus Memorial Arbutus

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1952

Huntington Williams, Jr.

Mrs. Kate Williams

R. Williams

VS 151

56524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully copied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1917

CERTIFICATE OF BIRTH

1917

50-8-02

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

D-250
52 5405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5405
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilbur Dixon

2. DATE
OF
DEATH

6-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

329 N. Carey St. 18-02

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Nov. 10, 1905

9. AGE (in years
last birthday)

46

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Rosehill N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James H. Dixon

14. MOTHER'S MAIDEN NAME

Lizzie EWENS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-06-0925

17. INFORMANT

Emma Lewis

ADDRESS

921 P St. N.W. Washington D.C.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William W. Schmitt

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

JUN 10 1952

June 10, 1952

Rosehill

Rosehill N.C.

25. FUNERAL DIRECTOR

ADDRESS

2105

2105

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

2105

2105

1-1-25

1-1-25

1-1-25

1-1-25

1-1-25

1-1-25

1-1-25

C-240

52 5406

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Chesley

2. DATE
OF
DEATH

6-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1531 McCulloch St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

43 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1909

9. AGE (In years,
last birthday)

43

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Beltsville Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Williams

14. MOTHER'S MAIDEN NAME

Fatie Chesley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Jeanette Armstrong

ADDRESS
1529 Pressey St

18. 571.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arterio scleriosis
acute Enteritis

week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-52, 19__, to 6-9-52, 19__, that I last saw the
deceased alive on 6-9-52, 19__, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. N. Car dozo

M. D.

23B. ADDRESS

1524 Druid Hill Ave

23C. DATE SIGNED

6-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 10/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus M. Park

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

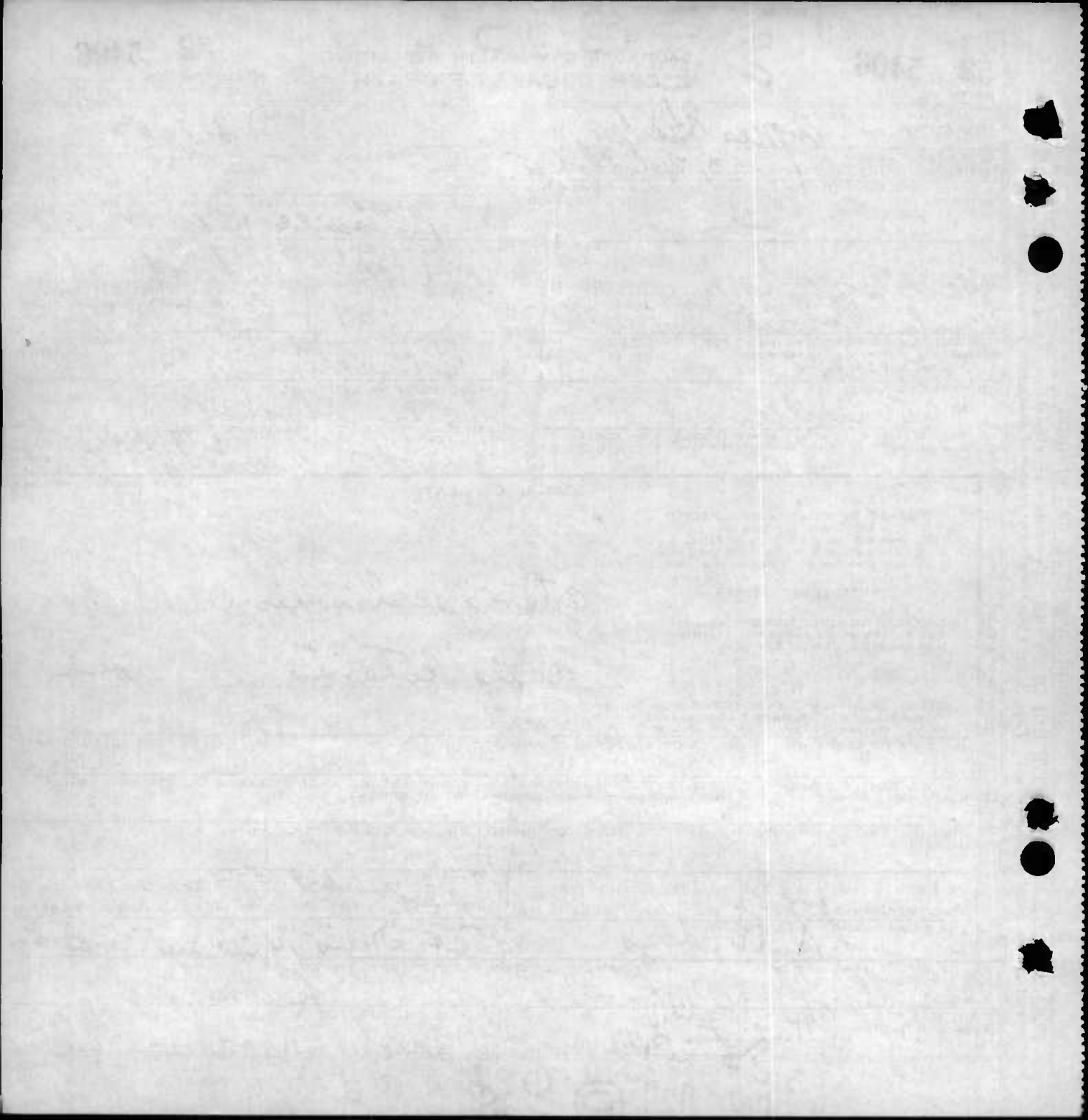
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Va Brooks Ruggold

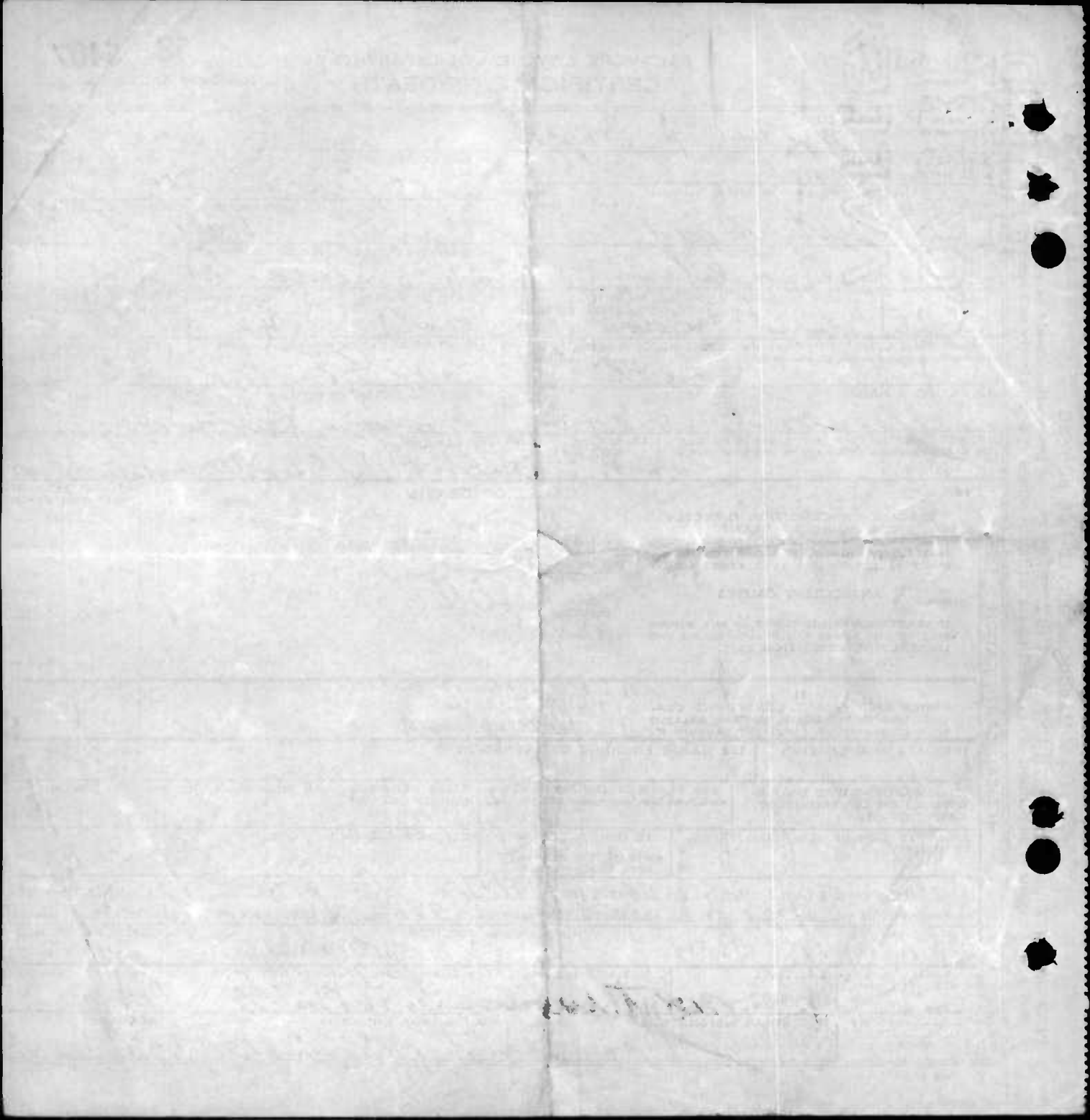
ADDRESS

14637 Carey St



D-200
52 5407BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5407
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mildred S. Diggs</i>		2. DATE OF DEATH <i>6-7-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Flora St</i> B. COUNTY <i>Balto. Md</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. Md</i>			
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2658 Flora St 13-03</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan. ?</i>	9. AGE (In years last birthday) <i>42</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>	
13. FATHER'S NAME <i>Jefferson D. Webb</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>26-05-7832</i>		17. INFORMANT <i>Maggie Robinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>26-05-7832</i>		17. INFORMANT <i>Maggie Robinson</i>	
10. <i>026X and 171X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>CNS Les</i>		?	
ANTECEDENT CAUSES		(B) <i>Syphilis</i>		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		1) <i>Carangmia of Cervix</i> 2) <i>Hypertension</i> 3) <i>Cholelithiasis</i>		?	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/4/52</i> 19__, to <i>5/7/52</i> 19__, that I last saw the deceased alive on <i>5/7/52</i> 19__, and that death occurred at <i>9:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert D. Scott</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>6/8/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 12-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Huntington Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md</i>		24E. NAME OF FUNERAL DIRECTOR <i>Robert D. Williams</i>		24F. ADDRESS <i>1515 McIlhenny St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Robert D. Williams</i>	
VS 150		7208A			



52 5408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5408

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Charlotte Jean Scott*2. DATE
OF
DEATH*6-9-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Union Memorial Hosp.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-38

D. STREET ADDRESS (If rural, give location)

5704 Lock Raven Blvd.

c. Length of stay in Baltimore

*9*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S*

8. DATE OF BIRTH

*3-31-43*9. AGE (In years
last birthday)*9*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Student*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Murray O. Scott

14. MOTHER'S MAIDEN NAME

*Lenora Smith*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

Murray O Scott

ADDRESS

*Same*18. *292.4*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aplastic Anemia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*6 weeks.*

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-3-52*, 19__, to *6-9-52*, 19__, that I last saw the
deceased alive on *6-9-52*, 19__, and that death occurred at *12:52* m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

*Baltimore, Md. June 9, 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-11-52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Hayford Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5409

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY NORTON

2. DATE
OF
DEATH

June 8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

LUTHERAN HOSP. OF MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALT

27-05

c. Length of stay in Baltimore

3

D. STREET ADDRESS (If rural, give location)

3005 HARVIEW AVE #14

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8/15/1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

PATRICK NORTON

14. MOTHER'S MAIDEN NAME

MARY THORNTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Delia NORTON

SAME

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute coronary occlusion

DUE TO

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary artery sclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NO

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NO

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

NO

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952 to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 9:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William O. Barnett

M. D.

23B. ADDRESS

Lutheran Hosp of Md. June 6-52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Cuck

ADDRESS

5305 Harford Rd

JUN 10 1952

$\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{4}$

4. 7. 5.

P-200

52 5410

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52 5410		1. NAME OF DECEASED (Type or Print) <i>Ruth Peachie</i>		2. DATE OF DEATH <i>6-10-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-03</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		D. STREET ADDRESS (If rural, give location) <i>1601 Retreat St.</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Oct. 4, 1914</i>		9. AGE (In years last birthday) <i>37</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Alexandria, Va.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>George Brown</i>		14. MOTHER'S MAIDEN NAME <i>Ruth Brown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Claudine Smith</i>	
18. <i>456x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Chenua</i> DUE TO (B) <i>Periarteritis nodosa</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>?</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/2/52</i> , to <i>6/10/52</i> , 19__, that I last saw the deceased alive on <i>6/10/52</i> , 19__, and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Roger D. Scott</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>6-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>June 10, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bethel Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Alexandria, Va.</i>		25. FUNERAL DIRECTOR <i>W. B. Adams</i>		ADDRESS <i>1631 Adams Hill Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		26. ADDRESS <i>1631 Adams Hill Ave</i>	

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5411

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph ROMANO

2. DATE
OF
DEATH

June 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE, MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

4631 HARCOURT, Rd

c. Length of stay in Baltimore

32

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 20 1876

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: Days

5 18

If Under 24 Hours
Hours: Min.

1 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

LABORER in city

11. BIRTHPLACE (State or foreign country)

RIESI, Sicily

12. CITIZEN OF
WHAT COUNTRY?

ITALY

13. FATHER'S NAME

Calogero Romano

14. MOTHER'S MAIDEN NAME

ROSA CASSARO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

retired

18. ADDRESS

Charles Barbera 4621 Harcourt Rd.

18. 450.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

SENILITY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

UREMIA

(C)

Generalized arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

one hour

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6/1952 to 6/7/1952, that I last saw the
deceased alive on 6/7/1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

6/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 11 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 10 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Voce

ADDRESS

322 S. High St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5412
Registered No.52 5412
BIRTH NO. 49-28057

1. NAME OF DECEASED (Type or Print) MARIE ANNE BALTOZER			2. DATE OF DEATH JUNE 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-06		
c. Length of stay in Baltimore 46 Yrs. 2 Mos. 2 Days			D. STREET ADDRESS (If rural, give location) 2643 W. NORTH AVENUE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH DEC. 25, 1949		9. AGE (In years last birthday) 2 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND - Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Lewis David Baltozer			14. MOTHER'S MAIDEN NAME MARY Regina Weber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MOTHER SAME		

18. 475x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Upper Respiratory infection - acute enteritis DUE TO		INTERVAL BETWEEN ONSET AND DEATH one week
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Congenital heart disease - anomalous left innominate vein. Mental deficiency - Birth		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1952, to June 9, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE Muriel S. Daly	23B. ADDRESS Lutheran Hospital of Md.	23C. DATE SIGNED June 9, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 11, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

5145

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UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF DEATH

5145

50

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Place of death: _____</p>		<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>		<p>8. Signature of registrar: _____</p>		<p>9. Date of registration: _____</p>	
<p>10. Name of informant: _____</p>		<p>11. Address of informant: _____</p>		<p>12. Signature of informant: _____</p>	
<p>13. Name of informant: _____</p>		<p>14. Address of informant: _____</p>		<p>15. Signature of informant: _____</p>	
<p>16. Name of informant: _____</p>		<p>17. Address of informant: _____</p>		<p>18. Signature of informant: _____</p>	
<p>19. Name of informant: _____</p>		<p>20. Address of informant: _____</p>		<p>21. Signature of informant: _____</p>	
<p>22. Name of informant: _____</p>		<p>23. Address of informant: _____</p>		<p>24. Signature of informant: _____</p>	
<p>25. Name of informant: _____</p>		<p>26. Address of informant: _____</p>		<p>27. Signature of informant: _____</p>	
<p>28. Name of informant: _____</p>		<p>29. Address of informant: _____</p>		<p>30. Signature of informant: _____</p>	
<p>31. Name of informant: _____</p>		<p>32. Address of informant: _____</p>		<p>33. Signature of informant: _____</p>	
<p>34. Name of informant: _____</p>		<p>35. Address of informant: _____</p>		<p>36. Signature of informant: _____</p>	
<p>37. Name of informant: _____</p>		<p>38. Address of informant: _____</p>		<p>39. Signature of informant: _____</p>	
<p>40. Name of informant: _____</p>		<p>41. Address of informant: _____</p>		<p>42. Signature of informant: _____</p>	
<p>43. Name of informant: _____</p>		<p>44. Address of informant: _____</p>		<p>45. Signature of informant: _____</p>	
<p>46. Name of informant: _____</p>		<p>47. Address of informant: _____</p>		<p>48. Signature of informant: _____</p>	
<p>49. Name of informant: _____</p>		<p>50. Address of informant: _____</p>		<p>51. Signature of informant: _____</p>	
<p>52. Name of informant: _____</p>		<p>53. Address of informant: _____</p>		<p>54. Signature of informant: _____</p>	
<p>55. Name of informant: _____</p>		<p>56. Address of informant: _____</p>		<p>57. Signature of informant: _____</p>	
<p>58. Name of informant: _____</p>		<p>59. Address of informant: _____</p>		<p>60. Signature of informant: _____</p>	
<p>61. Name of informant: _____</p>		<p>62. Address of informant: _____</p>		<p>63. Signature of informant: _____</p>	
<p>64. Name of informant: _____</p>		<p>65. Address of informant: _____</p>		<p>66. Signature of informant: _____</p>	
<p>67. Name of informant: _____</p>		<p>68. Address of informant: _____</p>		<p>69. Signature of informant: _____</p>	
<p>70. Name of informant: _____</p>		<p>71. Address of informant: _____</p>		<p>72. Signature of informant: _____</p>	
<p>73. Name of informant: _____</p>		<p>74. Address of informant: _____</p>		<p>75. Signature of informant: _____</p>	
<p>76. Name of informant: _____</p>		<p>77. Address of informant: _____</p>		<p>78. Signature of informant: _____</p>	
<p>79. Name of informant: _____</p>		<p>80. Address of informant: _____</p>		<p>81. Signature of informant: _____</p>	
<p>82. Name of informant: _____</p>		<p>83. Address of informant: _____</p>		<p>84. Signature of informant: _____</p>	
<p>85. Name of informant: _____</p>		<p>86. Address of informant: _____</p>		<p>87. Signature of informant: _____</p>	
<p>88. Name of informant: _____</p>		<p>89. Address of informant: _____</p>		<p>90. Signature of informant: _____</p>	
<p>91. Name of informant: _____</p>		<p>92. Address of informant: _____</p>		<p>93. Signature of informant: _____</p>	
<p>94. Name of informant: _____</p>		<p>95. Address of informant: _____</p>		<p>96. Signature of informant: _____</p>	
<p>97. Name of informant: _____</p>		<p>98. Address of informant: _____</p>		<p>99. Signature of informant: _____</p>	
<p>100. Name of informant: _____</p>		<p>101. Address of informant: _____</p>		<p>102. Signature of informant: _____</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5413

PAUL NUNNALLY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5413

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Nunnally

2. DATE
OF
DEATH

6-9-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Church Home Hosp

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Essex 5354

d. STREET ADDRESS (If rural, give location)

603 De La Ware Ave.

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 7-1900

9. AGE (in years last birthday)

52

10. Under 1 Year

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Automobile

11. BIRTHPLACE (State or foreign country)

Pettersburg, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Nunnally

14. MOTHER'S MAIDEN NAME

Rosa Lafoon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

228-01-6080

17. INFORMANT

ADDRESS

Susan C. Nunnally, 603 De La Ware

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Embolism

10 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Thrombosis of superior vena

(C) Following operation for carcinoma 17 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

5-24-52

19b. MAJOR FINDINGS OF OPERATION

Tumor in Bladder Carcinoma

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1952 to 6-9, 1952 that I last saw the deceased alive on 6-9, 1952 and that death occurred at 5:05 m., from the causes and on the date stated above.

23a. SIGNATURE

R. E. Fullmer

M. D.

23b. ADDRESS

Church Home Hospital

23c. DATE SIGNED

6-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6/11/52

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24d. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Km. Cook, Inc., 127 St. Paul St.

JUN 10 1952 VS 150

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ENC 52

ENC 52



52 5414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5414

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Lewis

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balti. City

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

912 Park Ave

c. Length of stay in Baltimore

33 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-20-96

9. AGE (In years last birthday)

56

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Widowess

10B. KIND OF BUSINESS OR INDUSTRY

Night Club

11. BIRTHPLACE (State or foreign country)

Harrisonburg Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Ragsdale

14. MOTHER'S MAIDEN NAME

Mary Wantman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Overwhelming Infection
of Right Thigh

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 1, 1952

19B. MAJOR FINDINGS OF OPERATION

Necrosis of thigh muscles

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2 1952 to 6-4 1952, that I last saw the deceased alive on 6-9 1952 and that death occurred at 940 m., from the causes and on the date stated above.

23A. SIGNATURE

James Harold Ray

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

East View Cem

24D. LOCATION (City, town, or county)

Harrisonburg Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

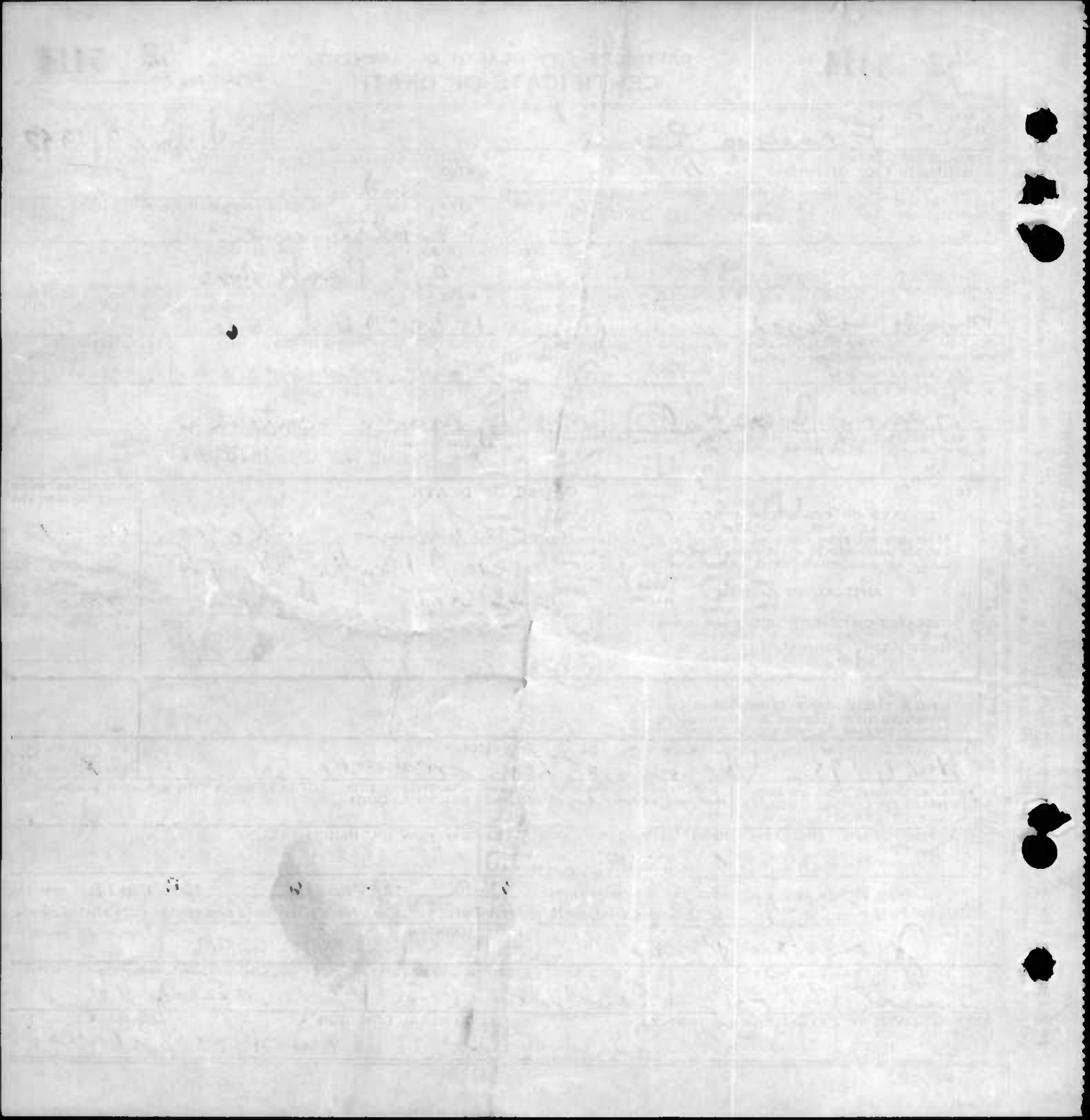
JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D., Chicago, Wilson 1000 Brantly dr

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully collected. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640

52 5415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5415

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) MINNIE CARROLL			2. DATE OF DEATH June 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION 1513 N. Regester Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06					
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1513 N. Regester Street					
5. SEX FEMALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 3, 1889		9. AGE (In years last birthday) 62	If Under 1 Year Months _____ Days _____	If Under 24 Hours Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John C. Holland			14. MOTHER'S MAIDEN NAME Bertha Schmidtke					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT 1513 N. Regester Street Mrs. Charlotte Cohen				
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension DUE TO Generalized arteriosclerosis (C) _____			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 1 mo 3 yrs 3 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 11/49 , 19____, to 6/8 , 19 52 that I last saw the deceased alive on 6/8 , 19 52 , and that death occurred at 7 P. m. , from the causes and on the date stated above.								
23A. SIGNATURE Conrad R. Ritten			23B. ADDRESS 1706 N. Washington St			23C. DATE SIGNED 6/10/52		
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Immanuel Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO. 13. Md.		

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2112 32

2112 32

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
MAY 19 1964

TO: DIRECTOR, BUREAU OF THE
FROM: SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a teletype or memorandum.]



52 5416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5416

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES NORMAN GAITHER

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 4803 Norwood Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-02D. STREET ADDRESS (If rural, give location)
4803 Norwood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 23, 1886

9. AGE (In years last birthday) Months Days

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

used cars

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James H. Gaither

14. MOTHER'S MAIDEN NAME

Rosalie Brian

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
213-03-8273

17. INFORMANT

ADDRESS

Mrs. Helen H. Gaither-4803 Norwood Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

4 mo.

7 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/1952 to 6/9/1952 that I last saw the deceased alive on 6/8/1952 and that death occurred at 2 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cem.

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Jm. J. Dickner & Sons

VS 150

490 855 4132 Baeto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

2114 5

RECEIVED
FEBRUARY 22 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELIZABETH HOPWOOD

2. DATE
OF
DEATH

June 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1214 Augusta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1214 Augusta Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 17, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James N. Hardesty

14. MOTHER'S MAIDEN NAME

Laura Blackiston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Walter H. Hopwood - 1214 Augusta Ave.

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐HOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1952, to June 8, 1952, that I last saw the
deceased alive on June 7, 1952, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

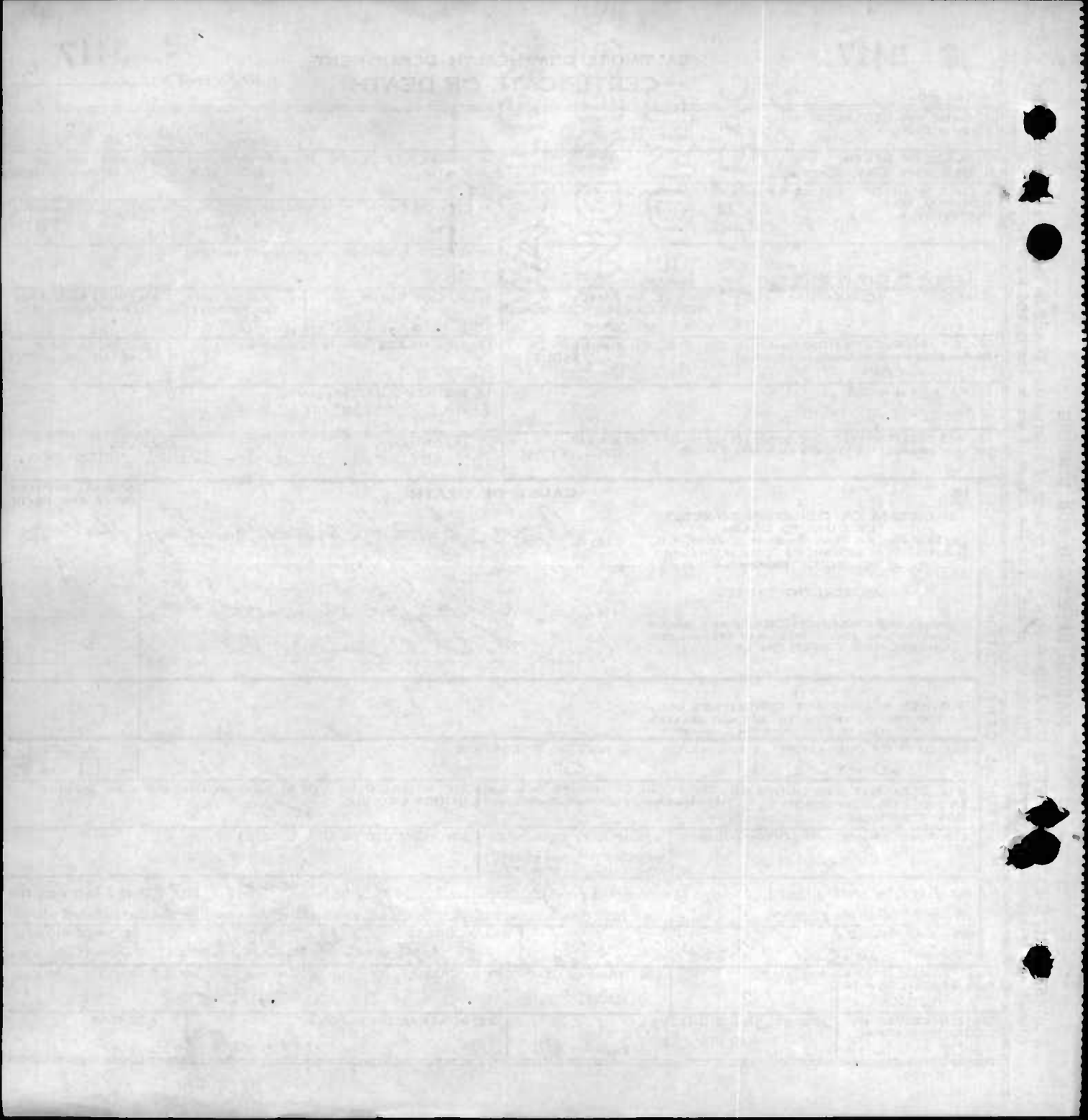
ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Wm. J. Siskner & Sons

Balto 17, Md.



52 5418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5418

BIRTH NO.

1. NAME OF DECEASED/
(Type or Print)

MINA Matilda Kahl

2. DATE
OF
DEATH

6-8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4005 N. Charles

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-30-1877

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months: Days

11 8

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Hohlbein

14. MOTHER'S MAIDEN NAME

Mary Schützberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Kahl - 4005 N. Charles St

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of breast -
DUE TO with metastasis -

about 4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

No operation

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to June 8, 1952, that I last saw the
deceased alive on June 8, 1952, and that death occurred at 9.45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Reil Edwards

23B. ADDRESS

101 N. Real St - Baltimore

27C. DATE SIGNED

6-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

Howard Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Barto 17, Md.

212

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

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52 5419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5419

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS W. AGNER GORSUCH

2. DATE
OF
DEATH

June 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3420 Piedmont Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3420 Piedmont Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 9, 1877

9. AGE (In years
last birthday)

74

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gen'l. Frgt. Agt.

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Zackariah Gorsuch

14. MOTHER'S MAIDEN NAME

Ruth Holt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
194-09-4903

17. INFORMANT

ADDRESS

Mrs. Mamie E. Gorsuch - 3420 Piedmont Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Hemorrhage
and paralysis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arterio sclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1952, to June 8, 1952, that I last saw the
deceased alive on June 8, 1952, and that death occurred at 10:30 p.m. the causes and on the date stated above.

23A. SIGNATURE

Harris S. Miller

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

June 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Maus

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. J. Dickerson & Sons

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2905B 410 Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATEMENT OF DEBIT
STATEMENT OF DEBIT

STATEMENT OF DEBIT
STATEMENT OF DEBIT

STATEMENT OF DEBIT
STATEMENT OF DEBIT

STATEMENT OF DEBIT
STATEMENT OF DEBIT

STATEMENT OF DEBIT
STATEMENT OF DEBIT

E-524
52 5420BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5420
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARRIE-H-ENGEL

2. DATE
OF
DEATH

6-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

University

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

#7

5200

D. STREET ADDRESS (If rural, give location)

5407 GRADIN AVE.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

white

widowed

Dec. 18, 1891

60

10A. USUAL OCCUPATION (Give kind of
work done during most of working life; even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

housewife

at home

Md

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Henry H. SPIEKER

Amelia Hottes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

no

Marjorie Engel

same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion myocardial
infarction

10 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary thrombosis
arteriosclerotic CV disease

?

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

22. I hereby certify that I attended the deceased from 6/4 1952 to 6/8, 1952 that I last saw the
deceased alive on 6/8, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. Langensfelder

M. D.

University

6/8/52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/12/52

Loudon Park

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

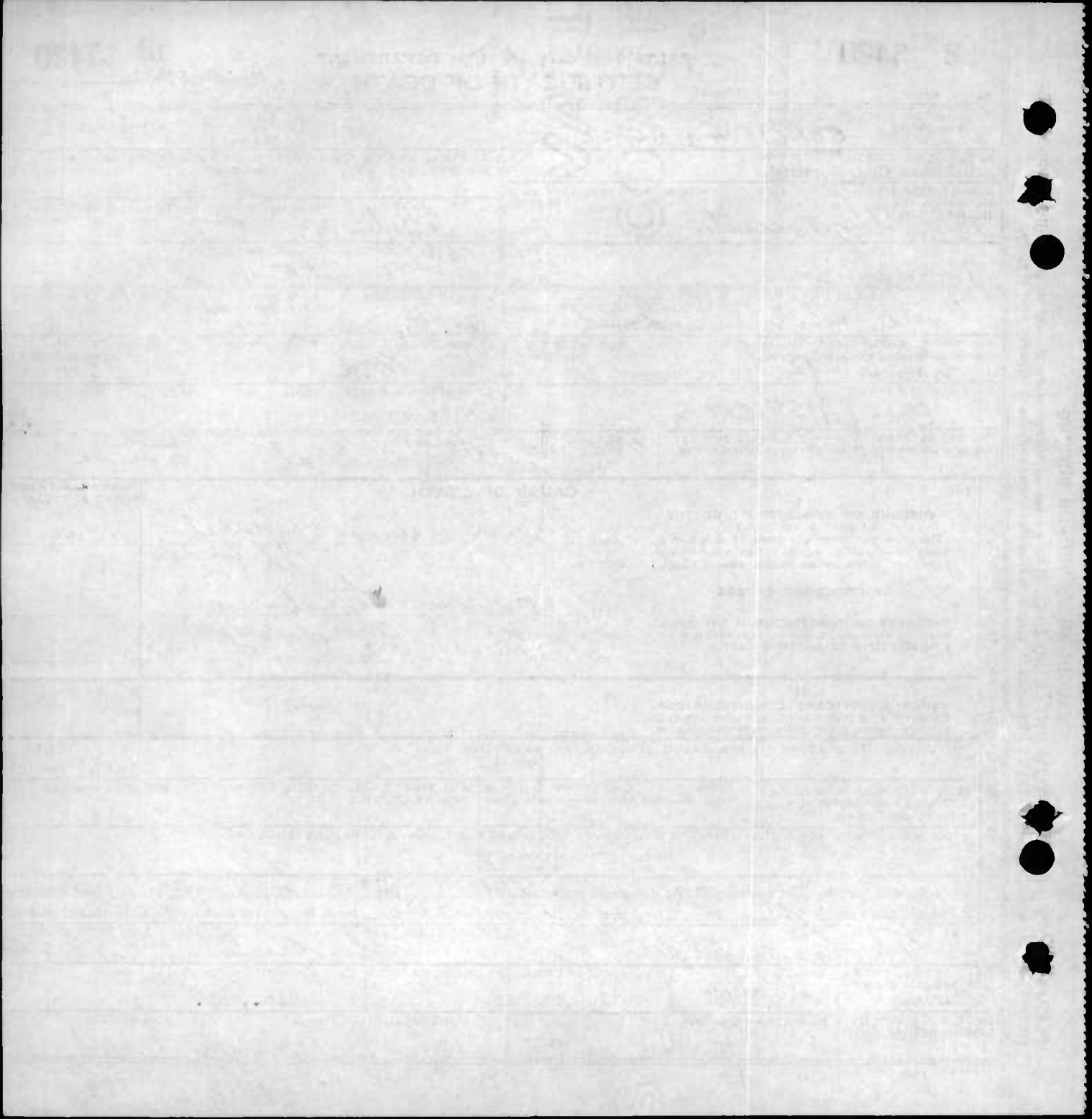
J. J. Tiesener & Sons

Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 5421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5421

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Thomas A. Yockel

2. DATE
OF
DEATH

6/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2588 Edmondson Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 23, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

gen.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Yockel

14. MOTHER'S MAIDEN NAME

Rachel Humpert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-no

16. SOCIAL
SECURITY NO.

212-22-3642

17. INFORMANT

ADDRESS

Mrs. Jessie M. Yockel-2588 Edmondson Ave.

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Intestinal Obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma colon

(C)

Ileus and Terminal Atelectasis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hyperpyrexia

19A. DATE OF OPERATION

6/7/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma splenic flexure colon

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7/1952 to 6/9/1952, that I last saw the deceased alive on 6/9/1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. Shobler

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor & Sons

97099

Balto., 17, Md.

JUN 11 1952

VS 150

1951

1951

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

52 5422

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5422

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **DAISY WOODLAND PICKETT**2. DATE
OF DEATH **June 8, 1952**3. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY **before admission**B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR **US Public Health Service Hospital** location)
INSTITUTION **Wyman Pk. Drive & 31st Street**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)
9-01D. STREET ADDRESS (If rural, give location)
542 E. 38th Streetc. Length of stay in Baltimore
Yrs. **?**
Mos. **?**
Days **?**

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

3/10/74

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Woodland

14. MOTHER'S MAIDEN NAME

Lucy Teagle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.
None17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.18. **170X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Metastatic carcinoma of the
breast, right**Approx.
5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)
(D)
(E)
(F)
(G)
(H)
(I)
(J)
(K)
(L)
(M)
(N)
(O)
(P)
(Q)
(R)
(S)
(T)
(U)
(V)
(W)
(X)
(Y)
(Z)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 21, 1951**, to **June 8, 1952** that I last saw the
deceased alive on **June 8, 1952** and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

D. W. Patrick, Medical Officer in Charge

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/9/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2400 J. J. Schenker & Sons

ADDRESS

Balto, Md.

CERTIFICATE OF DEATH

1928

Blank certificate form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Runion

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Dist 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-09

O. STREET ADDRESS (If rural, give location)

3902 Eastern Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 12, 1914

9. AGE (In years

last birthday)

37

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

National Shoe Co

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William T. Runion

(M)

14. MOTHER'S MAIDEN NAME

Lydia M. Coffie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 201X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Hodgkin's Disease

INTERVAL BETWEEN
ONSET AND DEATH

4 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1952, to 6-10, 1952, that I last saw the deceased alive on 6-10, 1952, and that death occurred at 5:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Wilkins

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/11/52

24C. NAME OF CEMETERY OR CREMATORY

Erwin

24D. LOCATION (City, town, or county)

Erwin, Tennessee

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. G. Inc., 1217 E. Paul St

ADDRESS

8917 38

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Date of Birth	
Cause of Death		Place of Death	
Occupation		Manner of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery Officer	
Signature of Undertaker		Signature of Funeral Home	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

MARGIN RESERVED FOR BINDING

H-536

52 5424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5424

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <i>Catherine Margaret Hinternesch</i>			2. DATE OF DEATH <i>June 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>12-02</i>					
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>3 E. 33rd St</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Wedded</i>		8. DATE OF BIRTH <i>Aug 11, 1861</i>		9. AGE (In years last birthday) <i>90</i>		10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own home</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>August Gunther</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Seibel</i>			17. INFORMANT <i>Mrs. Jeanne Duplaine</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			ADDRESS <i>232 Park Ave N. Y. N. Y.</i>		

18. <i>E 903.0</i>				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) <i>pneumonia - intestinal obstruction</i>					
DUE TO									
ANTECEDENT CAUSES				(B) <i>fracture right hip -</i>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO					
				(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CERTIFICATION APPROVED BY <i>William H. [Signature]</i> M. D. CHIEF OR ASST. MEDICAL EXAMINER					
19A. DATE OF OPERATION <i>May 19, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>fracture right hip</i>							
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>accident</i>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>3 E. 33rd St. Balto 18 12/2</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>May 18, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>slipped & fell, 40 ft. floor</i>					
22. I hereby certify that I attended the deceased from <i>May 18, 1952</i> , to <i>June 9, 1952</i> , that I last saw the deceased alive on <i>June 9</i> , 19 <i>52</i> and that death occurred at <i>4:10pm.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>Therence H. [Signature]</i> M. D.				23B. ADDRESS <i>Union Memorial Hosp</i>				23C. DATE SIGNED <i>6-9-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Maryland</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>				25. FUNERAL DIRECTOR <i>Wm. Cook, Inc., 1212 St. Paul</i>			

VS 150

N 820.0

5421

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1900

THE
OFFICE OF THE
TREASURER

OF THE
UNITED STATES

DEPARTMENT OF THE
TREASURY

WASHINGTON, D. C.

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

52 5425

F 630 RRA-159941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Ford

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1819 Fleet Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 24, 1874

9. AGE (in years
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Caretaker

10B. KIND OF BUSINESS OR

ENOCCH PRATT LIBRARY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ford

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Ave.

18. 527.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

Acute Pulmonary Edema

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9 52 to 6-9 52, that I last saw the
deceased alive on 6-9 52, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Crozer

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/12/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Wm. Book, Inc.

1217 St. Paul Street

VS 150

4 2 2

100000-100

100000-100

100000-100

100000-100

100000-100

100000-100

100000-100

100000-100

100000-100

100000-100

F-532
52 5426BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5426

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERTHA MARGARET ENTWISLE

2. DATE
OF
DEATH

June 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5702 FAIR OAKS AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Pr. Geo.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Forestville

D. STREET ADDRESS (If rural, give location)

6600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

7 Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6/14/78

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RET. PARTNER

10B. KIND OF BUSINESS OR

CONCRETE BLOCK
MAKING PLANT

11. BIRTHPLACE (State or foreign country)

WASHINGTON, D.C. U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

SIMON SWINDOLLS

14. MOTHER'S MAIDEN NAME

SARAH BROADBENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eugene V. Entwisle - Forestville

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary C.V.D.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1952, to June 11, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene V. Entwisle M.D.

23B. ADDRESS

4118 Haled Rd.

23C. DATE SIGNED

JUN 10 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

EPHRAIM

24D. LOCATION (City, town, or county)

Forestville

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

P.T. HARRIS BROS

ADDRESS

UPPER
MARIKAGE, MD

VS 150

Medical Examiner called and consulted.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting throughout the page]

52 5427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5427

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Addie Camper

2. DATE
OF
DEATH

6/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1805 Eagle Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1805 Eagle Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

10/26/92

9. AGE (In years
last birthday)

59

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John W. Goldsborough

14. MOTHER'S MAIDEN NAME

Frances E. Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
Unknown

17. INFORMANT

ADDRESS

Marie Lewis - 1323 N. Fulton Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

over heating

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 20, 1952, to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/12/52

Arbutus Cemetery

Arbutus, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Arlington S. Phillips -

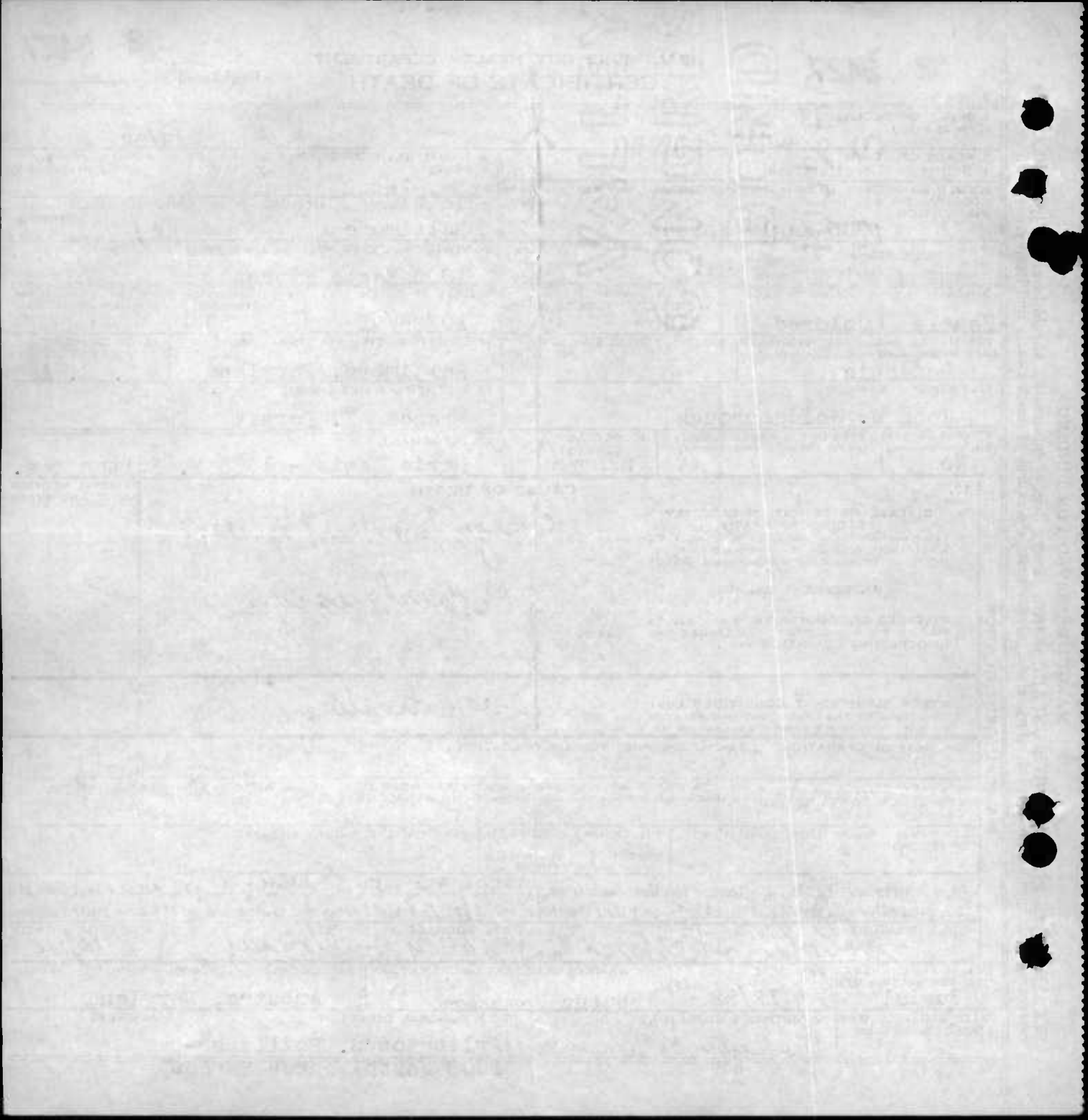
1808 North Monroe Street

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully spelled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 5428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5428

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROMAN STEINER

2. DATE
OF
DEATH

6/9/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hosp.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

unknown

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3410 Guilford Terrace

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr 4 1877

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during part of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Roman J. Steiner

14. MOTHER'S MAIDEN NAME

Elizabeth P. Steiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ida C. Steiner 3410 Guilford Ter.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Acute Myocardial Infarction 5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Probable Polycythemia Vera

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1952, to 6/9, 1952, that I last saw the
deceased alive on 6/9, 1952, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Stone

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

6/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. M. Meade and Son 805 N. Calvert St.

ADDRESS

VS 150

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLATE WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 5429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5429

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM SPRUELL

2. DATE
OF DEATH June 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1109 N. Stricker Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Charles Spruell

14. MOTHER'S MAIDEN NAME

Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-03-8259

17. INFORMANT

ADDRESS

Charles Spruell 2259 Madison Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Spruell

23B. CHIEF MEDICAL EXAMINER.....☐

M.D.

ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

June 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-13-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jesse W. Redden

ADDRESS

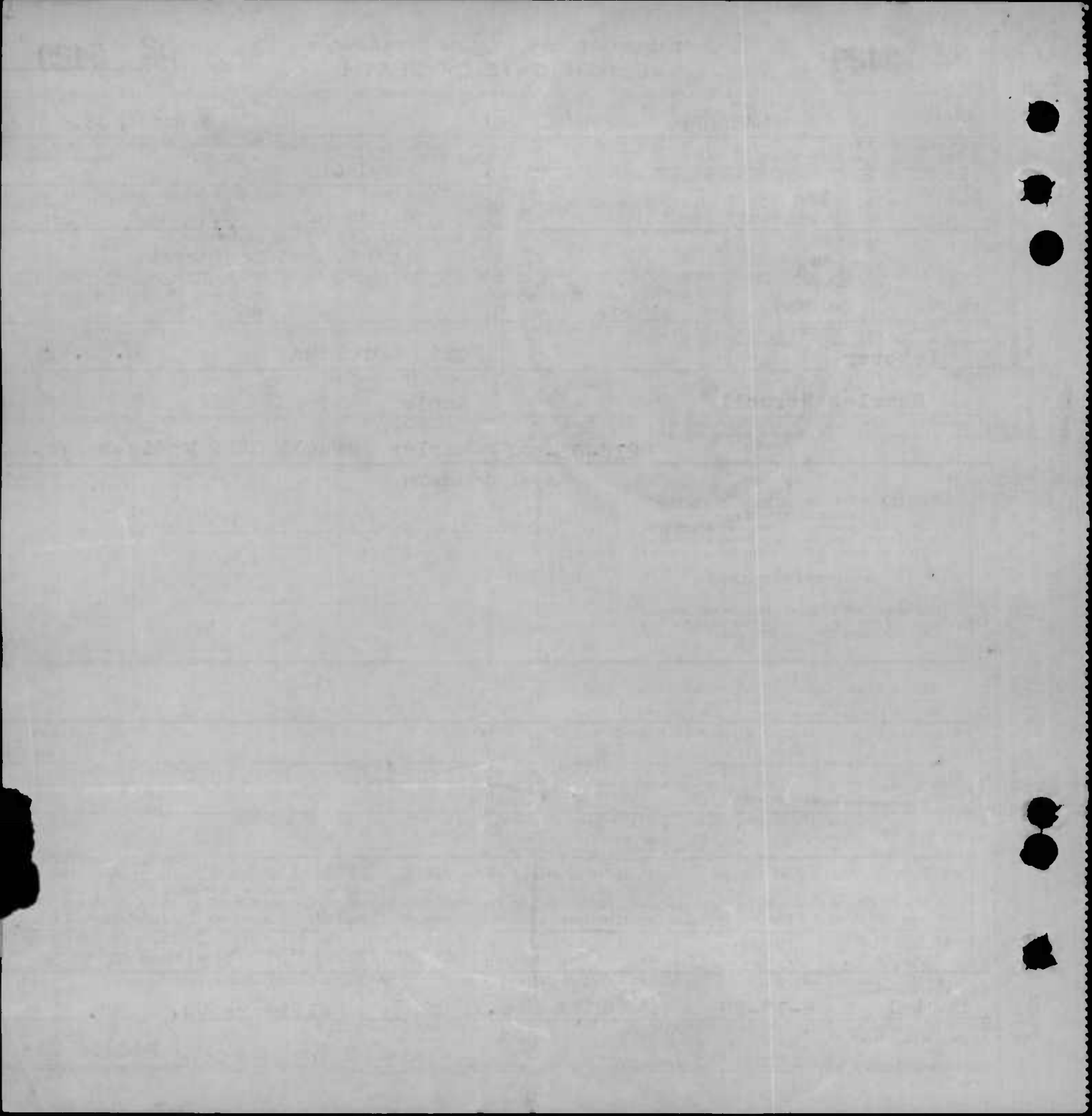
436 W Biddle St.

VS 151

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 5430

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5430

Registered No.

1. NAME OF DECEASED (Type or Print)		SARAH Ford		2. DATE OF DEATH		6/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE			
2829 W. BAKER Street				MARYLAND			
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				BALTIMORE 15-06			
D. STREET ADDRESS (If rural, give location)				2829 W. BAKER Street			
c. Length of stay in Baltimore		20		Yrs. Mos. Days			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
Female	Colored	Widow	3-30-1903	49	2	11	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)	
Nurse						Northumberland Co. PA.	
12. CITIZEN OF WHAT COUNTRY?			U.S.A.				
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
William H. Day				Cordelia			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
				Eloise Williams		526 W. Gilman St.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
ANTECEDENT CAUSES				DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) Coronary Occlusion			
				(B) Acute Hepatitis			
				(C) Cardio-Renal Disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
DAY				Unknown			
Unknown							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-7-1951 to 6-10-1952, that I last saw the deceased alive on 6-9-1952, and that death occurred at 11:55 A.M., from the causes and on the date stated above.							
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED	
Richard H. Hunt				1631 W. Franklin St.		6-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Buried		6/14/52		Fountain Cemetery		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JUN 11 1952		Huntington Williams, M.D.		J. B. Jackson		Baltimore Md	
VS 150 7818A 5427							

0017 8

0017 8

OFFICE
GENERAL
VALLEY

M-522
52 5431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5431

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW J. MUNCHAK

2. DATE
OF
DEATH June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1315 Stansbury Manor

C. Length of stay in Baltimore

1 year

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 6, 1915

9. AGE (In years
last birthday)

37

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auto mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Fulker Motors

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

John Munchak

USED CARD (A)

14. MOTHER'S MAIDEN NAME

Catherine Leschak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. Munchak, 1315 Second Rd., Stans-

18. 260X

CAUSE OF DEATH

INTERVIEW
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetes mellitus

XXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Arteriosclerotic cardiovascular disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Cath. Cem.

24D. LOCATION (City, town, or county)

Ramey, Pennsylvania

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

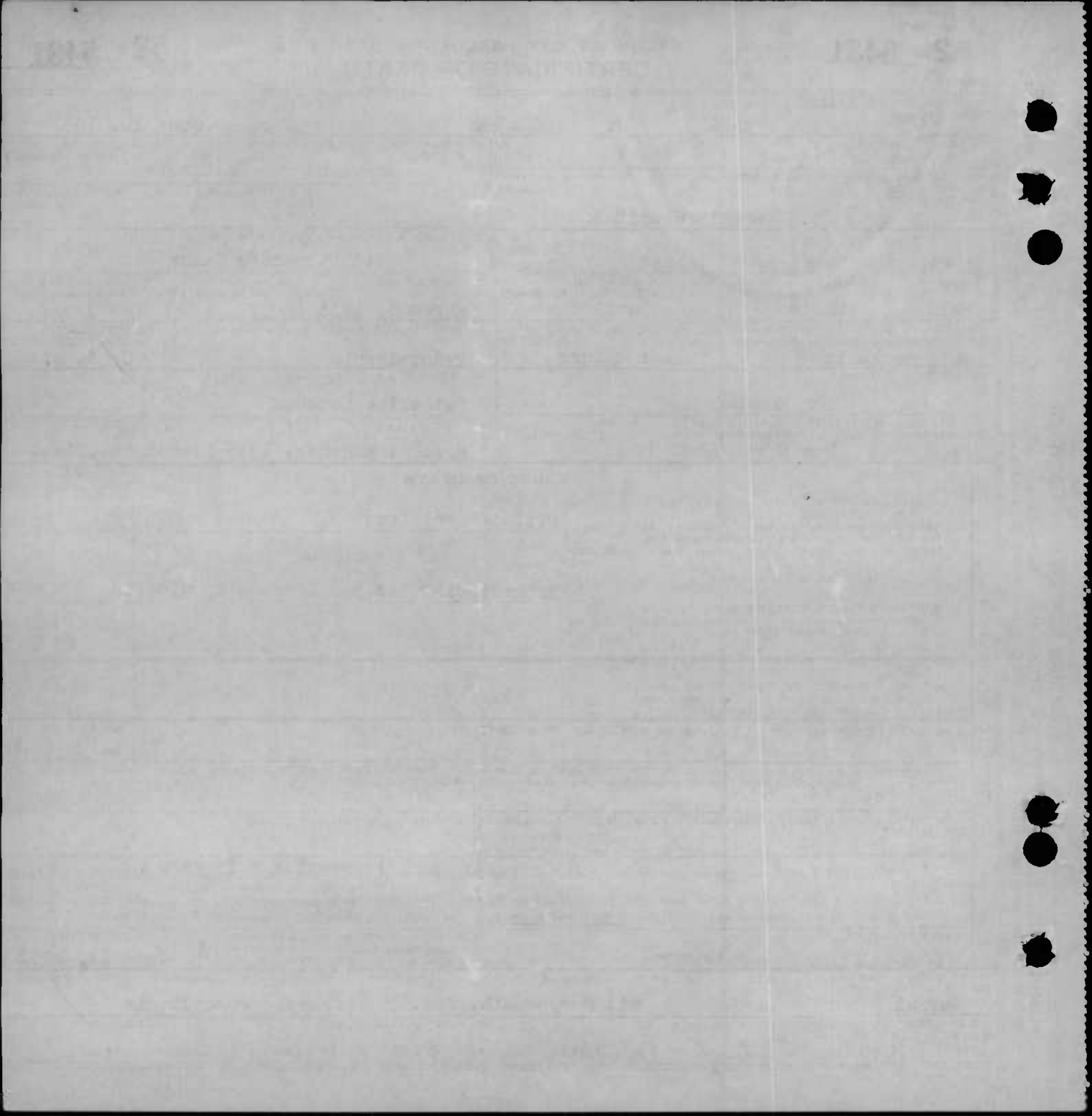
ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Francis H. 7401 Bldg

5506J



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nora A Gwynn.

2. DATE
OF
DEATH

June 10-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4209. Belmar Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 26-01

D. STREET ADDRESS (If rural, give location)

4209. Belmar Ave

C. Length of stay in Baltimore

*5- Yrs.
Mos.
Days*

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 18-1868 83

9. AGE (In years, last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

own. Home

11. BIRTHPLACE (State or foreign country)

W. Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Hutchinson

14. MOTHER'S MAIDEN NAME

— — —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Jos. Beazley 4209. Belmar Ave

18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute coronary occlusion*

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic heart disease*

20 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 6, 1947* to *June 10, 1952*, that I last saw the deceased alive on *June 10, 1952*, and that death occurred at *7:50 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Adam G Lewis

M. D.

23B. ADDRESS

6232 Belair Road

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

Union. W. Va

24D. LOCATION (City, town, or county)

Monroe Co. Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassahn Funeral Home 7401 Belair Rd

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLATE WITH UNFADING INK. Every item of information should be carefully checked for correct age & especially important. Physicians: please write the causes of death clearly and legibly.

G. 500

52 5432

52 5432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 5433
BIRTH NO. 21-21925

52 5433

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Hazel M. Young			June 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
5408 Denmore Avenue			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Life			Baltimore		
Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location)		
5408 Denmore Avenue			27-18		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	Col.	Single	Sept. 21, 1951	9	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		None		Balto.	
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
Nathaniel Young Jr.			U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME		
No			Rubby Marthy		
16. SOCIAL SECURITY NO.			17. INFORMANT		
			Nathinal Young Sr. 5408 Denmore Ave		

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Tuber Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/4, 1952 to 6/5, 1952, that I last saw the deceased alive on 6/4, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Burial		23B. ADDRESS			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/11/1952		Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Brooklyn Md.		Elroy O. Wilson		1000 Bland Ave	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. ADDRESS	
JUN 11 1952		Huntington Williams, M.D.			

1000

1000

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2000 BY 1000

1000



52 5434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5434

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH JOHN OWENS

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Crown Cork & Seal Co. Dispensary
1200 Newkirk Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

26-05

D. STREET ADDRESS (If rural, give location)

345 Elrino Street

c. Length of stay in Baltimore

52 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 4, 1897

9. AGE (In years last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ordinance Inspector

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Government

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Owens

14. MOTHER'S MAIDEN NAME

Gertrude Zajdzynska

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

215 01 0959

17. INFORMANT

ADDRESS

Mrs. Alice Owens, 345 Elrino Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

1 Hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

3 Yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to June 1952, that I last saw the deceased alive on June 9, 1952 and that death occurred at 11:20 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Charles W. LeGour

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

6/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. F. SADOWSKI & SONS, 1308 EASTERN AVENUE

ADDRESS

1944

1944

June 1, 1944

June 1, 1944

Subject

From: [illegible]
To: [illegible]

Re: [illegible]

Enclosed

White

U.S. Government

Continued

Continued

Continued

U.S. Government

U.S. Government

U.S. Government

U.S. Government

U.S. Government

U.S. Government

U.S. Government

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5435
Registered No. 52 5435

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VELMA COLEMAN TYLOR

2. DATE
OF
DEATH

6/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

620 BENNINGHAUS ROAD

c. Length of stay in Baltimore

66

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

JULY 31, 1885

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

JOHN COLEMAN

14. MOTHER'S MAIDEN NAME

JOSEPHINE BUTTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

MRS. HELEN LEYH, 234 N. CHESTER ST. BALTO.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARCINOMA OF BREAST & METASTASES

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELAT-
TO THE DISEASE OR CONDITION CAUSING IT.

HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from MAY 15, 1952, to JUNE 10, 1952, that I last saw the
deceased alive on JUNE 10, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

M. O.

23B. ADDRESS

U. M. H.

23C. DATE SIGNED

6/10/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Chas. H. H. Jones 2024

6/10/52

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grafton Russell

2. DATE
OF DEATH

6-9-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hospital

C. CITY OR TOWN

Balt.

(If outside corporate limits, write RURAL and give township)

14-02

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1524 Mc Culloch St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept-9-1918

9. AGE (In years
last birthday)

33

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10b. KIND OF BUSINESS OR
INDUSTRY

Education

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

William Russell

14. MOTHER'S MAIDEN NAME

Emma Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen Russell - 1524 Mc Culloch

18. 401.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Acute Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.Rheumatic heart disease
Subacute bacterial endocarditis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-2-52, 19__, to 6-9-52, 19__, that I last saw the
deceased alive on 6-9-52, 19__, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

J. B. Tomerhos M.D.

23b. ADDRESS

Univ. Hospital

23c. DATE SIGNED

6-9-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

6-14-52

24c. NAME OF CEMETERY OR CREMATORY

Western Star Co.

24d. LOCATION (City, town, or county)

Balt.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan Jr

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully spelled and correct as possible. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5437

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN B. MAKEL		June 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
Baltimore City Hospital		Maryland			
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
28 yrs		1806 Presstman Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	Colored	m	May 15-1900	52	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Chauffeur		Edgewood	Frederick Md		U. S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John W. Makel		Emma Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Ros-Alta-1809 Presstman		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)					
(A) Crushing injury of the chest with rupture of aorta, massive left hemothorax					
ANTECEDENT CAUSES					
(B) Multiple rib fractures					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		street		Eastern Boulevard and Rolling Mill Rd.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
6/8/52 3:40 P. M.				Automobile struck pole (driver)	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED	
R. E. Frohen		M.D.		6/9/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
Burial		6-13-52	New Cathedral Cn		Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 11 1952		Huntington Williams		Sprinch W. Sullivan Jr	
VS 151		N 862.2		6834R	
				1011 1/2 Arlington Ave	

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of interment		18. Signature of burial	
19. Signature of burial		20. Signature of burial		21. Signature of burial	
22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial	
28. Signature of burial		29. Signature of burial		30. Signature of burial	
31. Signature of burial		32. Signature of burial		33. Signature of burial	
34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial	
40. Signature of burial		41. Signature of burial		42. Signature of burial	
43. Signature of burial		44. Signature of burial		45. Signature of burial	
46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial	
52. Signature of burial		53. Signature of burial		54. Signature of burial	
55. Signature of burial		56. Signature of burial		57. Signature of burial	
58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial	
64. Signature of burial		65. Signature of burial		66. Signature of burial	
67. Signature of burial		68. Signature of burial		69. Signature of burial	
70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial	
76. Signature of burial		77. Signature of burial		78. Signature of burial	
79. Signature of burial		80. Signature of burial		81. Signature of burial	
82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial	
88. Signature of burial		89. Signature of burial		90. Signature of burial	
91. Signature of burial		92. Signature of burial		93. Signature of burial	
94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial	
100. Signature of burial		101. Signature of burial		102. Signature of burial	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5438

BIRTH NO. 405038

1. NAME OF DECEASED
(Type or Print)

JOSHUA HOLLY

2. DATE OF DEATH June 9, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1705 Harlem Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
male

6. COLOR OR RACE
colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W

8. DATE OF BIRTH
Feb. 4 - 1890

9. AGE (In years last birthday)
62

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Motion Picture operator - Retired

11. BIRTHPLACE (State or foreign country)
St. Mary's Co. - Md. U.S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
James Holly

14. MOTHER'S MAIDEN NAME
Mattie De Hughlette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Ruth Holly - 1705 Harlem Ave.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley B. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED
6-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
6-12-52

24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cem

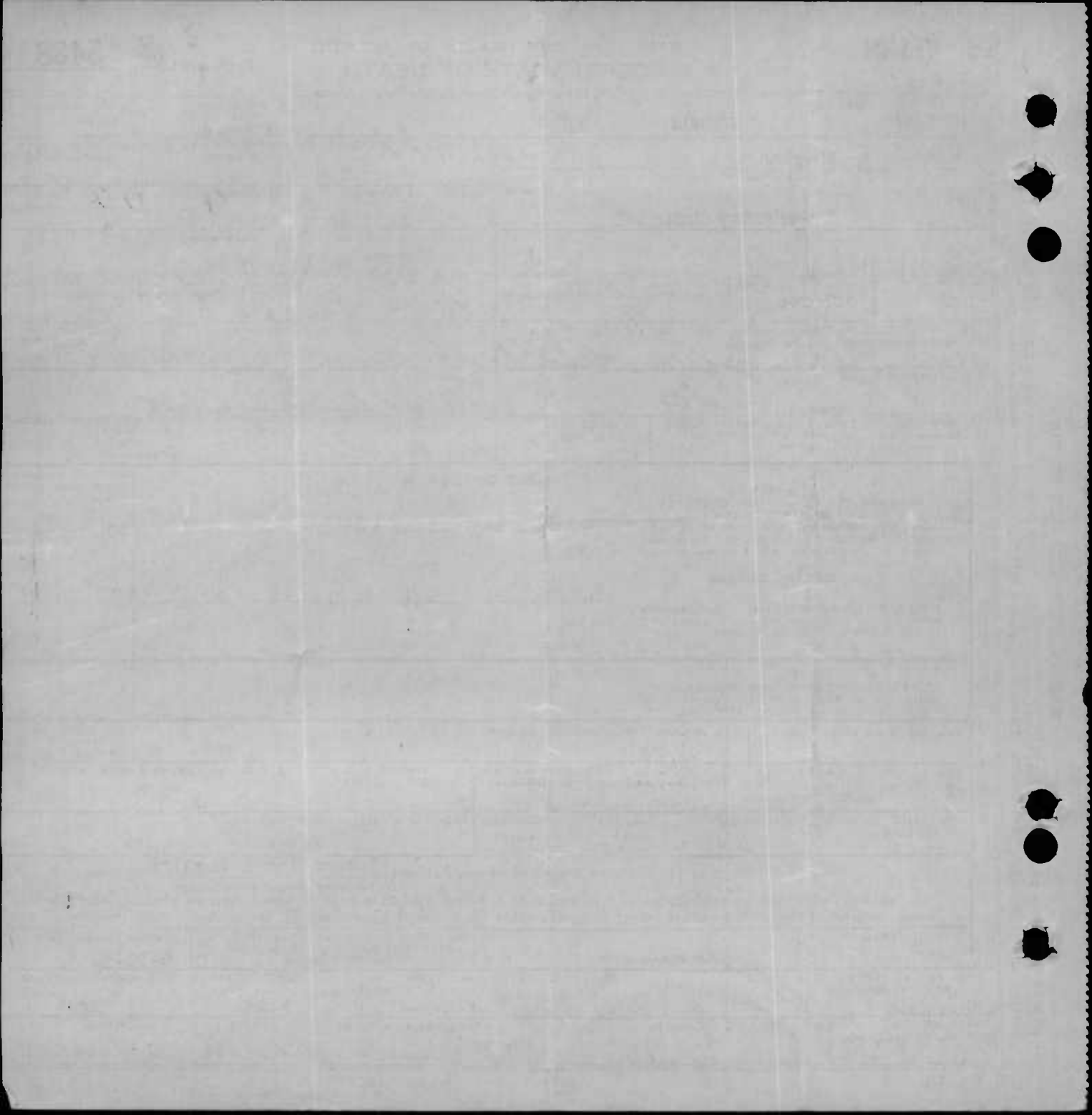
24D. LOCATION (City, town, or county) (State)
Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR
JUN 11 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Samuel W. Sullivan, Jr.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5439

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBERT B. DORAN, SR.

2. DATE
OF
DEATH

6/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Luthan Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

74

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2539 Greenmount Ave. #18

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 12, 1878

9. AGE (In years
last birthday)

74

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Production Dept. for himself

10B. KIND OF BUSINESS OR
INDUSTRY

for himself

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick Doran

14. MOTHER'S MAIDEN NAME

17. INFORMANT

son - Wilbert

ADDRESS

- 1337 Homestead St.

18. 420.1 and 008X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Acute coronary insufficiency

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic card.-vasc. disease several years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) anemia, malnutrition, dehydration,
HBC, abdominal wall cellulitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1952 to 6/10, 1952, that I last saw the
deceased alive on 6/10, 1952, and that death occurred at 6:19 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Altman

M. D.

23B. ADDRESS

Luthan Hosp.

23C. DATE SIGNED

6/10/52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

OATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

JUN 11 1952

25. FUNERAL DIRECTOR

ADDRESS

Lead Bank 1701-53 N. Patti Ph. Ave

CERTIFICATE OF DEATH

IN THE STATE OF NEW YORK

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Immediate Cause of Death _____

Underlying Cause of Death _____

Manner of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Medical Examiner _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5440BIRTH NO. 52 5440

1. NAME OF DECEASED (Type or Print) <u>Louis Sephardt</u>		2. DATE OF DEATH <u>June 10th 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2215 E. Bidell St.</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>8-04</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>2215 E. Bidell St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17th 1878</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	9. AGE (In years last birthday) <u>74</u>
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Joseph Sephardt</u>		14. MOTHER'S MAIDEN NAME <u>Eva Parr.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mrs. S. Sephardt</u>		ADDRESS <u>2215 E. Bidell St.</u>	

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral hemorrhage3 hrs.DUE TO Cerebral Arteriosclerosis5 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 1952 to June 10, 1952 that I last saw the deceased alive on 6-9, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.23A. SIGNATURE Arthur G. Singmaster23B. ADDRESS 1613 E. North Ave. 1323C. DATE SIGNED 6-11-5224A. BURIAL, CREMATION, REMOVAL (Specify) Burial24B. DATE June 13th 195224C. NAME OF CEMETERY OR CREMATORY Holy Redeemer24D. LOCATION (City, town, or county) (State) Belair Rd.DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1952REGISTRAR'S SIGNATURE Huntington Williams, M.D.25. FUNERAL DIRECTOR Geo. J. GoughADDRESS 101-03 N. Patt. Park Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5441

BIRTH NO.

1. NAME OF DECEASED
(Type of Print)

Lena Smith

2. DATE
OF DEATH June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Doctors HospitalC. CITY OR TOWN (If outside corporate limits, write LOCAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

270 S. East Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 12, 1872

9. AGE (In years;
last birthday)

79

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Carl F. Hirschman

14. MOTHER'S MAIDEN NAME

Elizabeth Killian

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles F. Smith 223 S. Ellwood Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ARTERIO SCLEROSIS, GENERALIZED

5 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL THROMBOSIS

5 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1949, to JUNE 10, 1952, that I last saw the
deceased alive on JUNE 10, 1952, and that death occurred at 3:32 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 11 1952

Huntington Williams, M.D.

Ellrich Funeral Home 2008 Orleans St.

VS 150

520105438

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct-
ness, especially important. Physicians: please write the causes of death clearly and legibly.

1946

30

WEDNESDAY

1946

30



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5442**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nagan Miss Agnes</i>			2. DATE OF DEATH <i>June 10, 1952.</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home Hospital.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Church Home Hospital. Balto. 31.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-03</i>		
C. Length of stay in Baltimore <i>Life time.</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3139 Dudley Avenue.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 24, 1925</i>		9. AGE (In years last birthday) Months Days <i>27 years</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>None.</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Michael, Nagan</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Mc Kenna.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Johnson. Mr.</i> ADDRESS <i>3141 Dudley Avenue.</i>	

18. <i>181X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Broncho pneumonia</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>10 days.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	<i>3 years.</i>
	(C) DUE TO	<i>10+ years.</i>

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 30, 1952</i> to <i>June 10, 1952</i> , that I last saw the deceased alive on <i>June 10, 1952</i> , and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William L. Cheever</i>		23B. ADDRESS <i>Church Home Hospital</i>		23C. DATE SIGNED <i>June 10, 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 13, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>John A. Moran</i>		ADDRESS <i>3000 E. Balto. St.</i>	

VS 150

09 5 20 50

Per W. E. Lewis

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be fully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5112

FORWARD CLARK, JOHN H.
STATE OF CALIFORNIA

5112



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 54437**

654
VMC-156579
52 5443
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry Cromwell			2. DATE OF DEATH 6-10-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY 26		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 22 yrs.			D. STREET ADDRESS (If rural, give location) 1203 Joplin St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1888		9. AGE (In years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Self genl	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13. FATHER'S NAME Sylvester Cromwell			14. MOTHER'S MAIDEN NAME Marie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records 4940 Eastern Ave.	

18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhagic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2-13-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2-13-**, 19**52** to **6-10-**, 19**52** that I last saw the deceased alive on **6-10-**, 19**52**, and that death occurred at **01:30A** m., from the causes and on the date stated above.

23A. SIGNATURE C. S. Rogers	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 6-10-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-12-52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem. Balto Co. Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John G. Connolly 418 Eastern Ave Balto 21 Md.

VS 150

554 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2445 S.

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

10-15-60

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5444

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Justice

2. DATE
OF
DEATH

8 June '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore Co.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital - Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ridewood

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1721 Goppe Road. 5200

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

26 Oct 1883

9. AGE (In years
last birthday)

68

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Comley

14. MOTHER'S MAIDEN NAME

Sarah E. During

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Family Records

ADDRESS

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction, recent

DUE TO

26 April -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 April, 1952, to 8 June, 1952, that I last saw the deceased alive on 8 June, 1952, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. F. Hunter

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

8 June '52

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

June 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county)

Towson, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 11 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

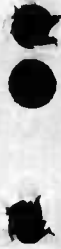
ADDRESS

John BURN'S SONS, Towson, Md.

1944

CERTIFICATE OF DEATH

1944



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5445

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROOSEVELT DANIEL SMITH

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

308 E. Pennsylvania Ave.

c. Length of stay in Baltimore

?

Life

5. SEX

M

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Div.

8. DATE OF BIRTH

11/4/00

9. AGE (In years

last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

PRIVATE

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Henry Smith

14. MOTHER'S MAIDEN NAME

Claire Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

WW I

- USA

16. SOCIAL
SECURITY NO.

220 22 5904

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

330X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aneurysm, congenital, cerebral,
ruptured, with

Unknown

ANTECEDENT CAUSES

DUE TO

(B)

Subarachnoid hemorrhage, local, and

Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Hemorrhage into left temporal lobe

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 10, 1952, that I last saw the
deceased alive on June 10, 1952, and that death occurred at 4:20P m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

M. D.

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 11 1952

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Chatman, Jr. 1701 McCulloh St

Balto. Md.

VS 150

682 8A

PLEASE PRINT FULL NAME WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1915

1

Blank certificate form with horizontal lines for text entry.



52 5446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5446

Registered No.

BIRTH NO. 52-11782

1. NAME OF DECEASED
(Type or Print)

Patricia

Counts

2. DATE
OF
DEATH

5/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

c. Length of stay in Baltimore

1

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/28/52

9. AGE (In years,
last birthday)11 Under 1 Year
Months: Days: 1
11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene Counts

14. MOTHER'S MAIDEN NAME

Ida Mazie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

See above

18. 771.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage of Adrenal Glands

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28 1952, to 5/29 1952, that I last saw the
deceased alive on 5/29 1952, and that death occurred at 12:58 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Arthur Butler

M.O.

23b. ADDRESS

1802 Edmondson

23c. DATE SIGNED

5

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

0117 52

INVESTIGATION OF DEATH

0112 52



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5447**BIRTH NO. **52-14177**1. NAME OF DECEASED
(Type or Print)**Baby Boy Jones**2. DATE
OF
DEATH**June 1, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 8-06

D. STREET ADDRESS (If rural, give location)

1506 E. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-31-529. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

Willie Leon Jones

14. MOTHER'S MAIDEN NAME

Viola ?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. **761.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anoxemia**24 hrs.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**? Birth injury****24 hrs.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 31, 1952**, to **June 1, 1952**, that I last saw the
deceased alive on **June 1, 1952**, and that death occurred at **9:00 m.**, from the causes and on the date stated above.

23A. SIGNATURE

Paul M. Taylor

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-1-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**JUN 11 1952**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Hospital Disposal

John J. Jones

John J. Jones

John J. Jones

John J. Jones

T-400
52 5448BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5448
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mamie S. Twilley		June 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2819 Baker St.,			A. STATE Md.		
C. Length of stay in Baltimore 50 -- Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06		
D. STREET ADDRESS (If rural, give location) 2819 Baker St.,					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 20 - 1888	9. AGE (in years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Fenwick			14. MOTHER'S MAIDEN NAME Julia Adams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-09-7120	17. INFORMANT ADDRESS Walter Royce Twilley 183 Oaklee		
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 4, 1952 to June 10, 1952 that I last saw the deceased alive on June 13, 1952 and that death occurred at 2 weeks from the causes and on the date stated above.					
23A. SIGNATURE Louis T. Navy		23B. ADDRESS M. D. 1844 W North Ave		23C. DATE SIGNED June 11 - 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-13-1952		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) Pikesville, Md.		25. FUNERAL DIRECTOR ADDRESS G. Howard Strong 3207 W. North Ave.,			
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

Dr Louis J. Laay
1844 W North Ave.
915

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5449**

BIRTH NO. **52 5449**

1. NAME OF DECEASED (Type or Print) WALTER ZUCHOWSKI		2. DATE OF DEATH May 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1628 Thames Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67? If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS John Wisowaty, 1628 Thames St.	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Craniocerebral Injury DUE TO (B) Multiple fractures, abrasions, and contusions (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Orleans and East Streets 26-4		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/5/52 5:00 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile		
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Stanley H. Dunbar</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 6-12-52	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German-Town Rd
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>J. J. Gray & Sons</i>
ADDRESS 1318 Light St			

V S 151

N 804.2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PM 12

Sc

EXAMINATION OF THE BODY OF THE DECEASED

CERTIFICATE OF DEATH

PM 12

Sc

NAME OF DECEASED

DATE

TIME

10-12-85

Deceased Name

Signature of Doctor

10-12-85

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5450**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen Bergman

2. DATE
OF
DEATH

6/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4515 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1600 Jackson St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8/8/1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William O'Brian

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ellen Kutchey

4000 Fifth St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Chronic Myocardial Degeneration 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Arteriosclerosis 2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 11, 1952, that I last saw the
deceased alive on 6-11, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/12/52

Loudon Park

Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1952

Huntington Williams, M.D.

John F. Denny, Inc. 715 Light St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
SEX: _____ COLOR: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF INTERMENT: _____ PLACE OF INTERMENT: _____
NAME OF INTERMENT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
SEX: _____ COLOR: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF INTERMENT: _____ PLACE OF INTERMENT: _____
NAME OF INTERMENT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
SEX: _____ COLOR: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF INTERMENT: _____ PLACE OF INTERMENT: _____
NAME OF INTERMENT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
SEX: _____ COLOR: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF INTERMENT: _____ PLACE OF INTERMENT: _____
NAME OF INTERMENT: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
SEX: _____ COLOR: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____
CAUSE OF DEATH: _____

DATE OF INTERMENT: _____ PLACE OF INTERMENT: _____
NAME OF INTERMENT: _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5451

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose KRAMER

2. DATE
OF
DEATH

6-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hgts

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2623 Loyola Northway

c. Length of stay in Baltimore

Yrs.
55 Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

73

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis Kramer - 5112 Wolverton Ave

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

Arteriosclerotic C. V. Disease

(B)

with Hypertension

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

7 weeks

18 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 3, 1950, to June 11, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Levin

M. D.

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

June 11/52

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-12-52

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Centau Rd

1245 95
From Jack Lewis

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5452

BIRTH NO. 5452 49-21770

1. NAME OF DECEASED
(Type or Print)

PATRICIA ANN LUMB

2. DATE
OF DEATH June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Essex

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

4 Hillside Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

3.

8. DATE OF BIRTH

Sept 26 1949

9. AGE (In years last birthday)

2

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Newman H Lumb

14. MOTHER'S MAIDEN NAME

Gladys Fina Grock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Father - Above

18. E812.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of head

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Hillside Avenue - 1/2 mile off Eastern Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 10, 1952 8:40

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by truck

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Russell S. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED June 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 13 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Morland Memorial

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

C. by Baughnister 1407 Eastern Ave Rd.

STATE OF NEW YORK
IN SENATE
January 14, 1908

REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1907

ALBANY:
J. B. LIPPINCOTT & COMPANY
PRINTERS
1908

ALBANY:
J. B. LIPPINCOTT & COMPANY
PRINTERS
1908

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5453**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hilda W. Moses

2. DATE
OF
DEATH

June 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Crawford Retreat Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

Riviera Apts, Linden Ave & Lake Dr.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 24, 1886

9. AGE (In years last birthday)

66

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

1 17

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Emanuel Wolfram

14. MOTHER'S MAIDEN NAME

Rose ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Jacob J. Moses Riviera Apts

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage

ONE TO

ANTECEDENT CAUSES

(B)

arterio-sclerosis - hypertension

ONE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

**attack 3/30/51
14 1/2 months duration.**

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

✓

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

✓

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

✓

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

✓

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

m.

21F. HOW DID INJURY OCCUR?

✓

22. I hereby certify that I attended the deceased from **March 30, 1951**, to **June 10, 1952**, that I last saw the deceased alive on **June 10, 1952**, and that death occurred at **19 m.**, from the causes and on the date stated above.

23A. SIGNATURE

J. Frederick Lutz

M. O.

23B. ADDRESS

Temple Gardens

23C. DATE SIGNED

June 11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew Cem.

24D. LOCATION (City, town, or county)

Belair Rd Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David R. Martin

ADDRESS

1902 Eutaw Place

VS 150

5205450

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully copied and legible. correct as especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF DEATHS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5454**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT

PFEIFFER

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4255 Nicholas Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 21, 1888

9. AGE (In years last birthday)

64

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

USA

WHICH COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Amer. Home Foods Co.

13. FATHER'S NAME

Louis Pfeiffer

14. MOTHER'S MAIDEN NAME

Fredericka ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-03-6994

17. INFORMANT

Mrs. Emma Pfeiffer

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

(B) **Coronary occlusion**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. BALTO. 13, MD.

ADDRESS

V S 151

49063

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1018-22-51M

UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

HEADQUARTERS, DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

1018-22-51M

1018-22-51M

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1018-22-51M

Rt 300
5455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5455

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Martha Reid</i>		2. DATE OF DEATH <i>June 9, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>7-04</i>		C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>33</i> <i>JOHNS HOPKINS HOSPITAL</i>		D. STREET ADDRESS (If rural, give location) <i>1027 N. Dallas St.</i>		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Colored</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>10-2-80</i>		9. AGE (In years last birthday) <i>71</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>Samuel Weiss</i>		14. MOTHER'S MAIDEN NAME <i>Sussane</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pericardial accident</i>		CAUSE OF DEATH (A) <i>Pericardial accident</i> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-17</i> , 1952, to <i>6-9</i> , 1952, that I last saw the deceased alive on <i>6-9</i> , 1952, and that death occurred at <i>11 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Leighton E. Cluy</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>June 15/52</i>		<i>St. Calvary Cem</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Miss Ruth G. Elliott & Daughter</i>	
VS 150		952000		5/14-872. Caroline St.	

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and correctly stated. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CENTER OF THE CITY OF BALTIMORE

CAUSE OF DEATH

<p>1. NAME OF DECEASED [Faint handwritten name]</p>		<p>2. AGE [Faint handwritten age]</p>	
<p>3. SEX [Faint handwritten sex]</p>		<p>4. RACE [Faint handwritten race]</p>	
<p>5. DATE OF DEATH [Faint handwritten date]</p>		<p>6. TIME OF DEATH [Faint handwritten time]</p>	
<p>7. PLACE OF DEATH [Faint handwritten place]</p>		<p>8. OCCUPATION [Faint handwritten occupation]</p>	
<p>9. CAUSE OF DEATH [Faint handwritten cause of death]</p>		<p>10. MANNER OF DEATH [Faint handwritten manner of death]</p>	
<p>11. SIGNATURE OF PHYSICIAN [Faint handwritten signature]</p>		<p>12. SIGNATURE OF CORONER [Faint handwritten signature]</p>	
<p>13. SIGNATURE OF WITNESS [Faint handwritten signature]</p>		<p>14. SIGNATURE OF WITNESS [Faint handwritten signature]</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5456**

BIRTH NO. **52 5456**

1. NAME OF DECEASED (Type or Print) William M. Dillow, Jr.			2. DATE OF DEATH 6/11/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elvaton Millersville P.O.		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Jumper Hole Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1874		9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Insurance Agent		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William M. Dillow, Sr.			14. MOTHER'S MAIDEN NAME Virginia Tolson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Grace U. Dillow Elvaton, Md.		

18. **163X and 002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pleural effusion**
DUE TO

6 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma of lung**
DUE TO

??

(C) **Chronic fibroid pulm. tbc.**

??

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **2/**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 25, 1952**, to **June 11, 1952**, that I last saw the deceased alive on **June 10, 1952**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY
Loudon Park

24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
JUN 12 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
R.V. Singleton

ADDRESS
Glen Burnie, Maryland

VS 150

9 5 2 0 0 0 5 4 5 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correct age, especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 5457
Registered No. _____

52 5457
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Willie Lee Grant</u>			2. DATE OF DEATH <u>June 6, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Bone Cl. at</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>1101 E. Monument St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-30-13</u>	9. AGE (In years last birthday) <u>38</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>?</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>?</u>		
13. FATHER'S NAME <u>John Henderson</u>			14. MOTHER'S MAIDEN NAME <u>Mamie Sloan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS _____		

18. <u>214X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) _____		DUE TO <u>Unknown. Circulatory collapse</u>		_____	
ANTECEDENT CAUSES		(B) <u>Port hypertension</u>		<u>3 weeks.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <u>Port wound disruption</u>		<u>2 days.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>* 24 May 52.</u>		19B. MAJOR FINDINGS OF OPERATION <u>Myocardial infarction - subcoronary & subendocardial</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>5-20, 1952</u> to <u>6-6, 1952</u> , that I last saw the deceased alive on <u>6-6, 1952</u> and that death occurred at <u>9:25 P.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Laurel Keene</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>7 June 52.</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-12-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>A. A. Co. Md</u>		24E. FUNERAL DIRECTOR <u>Rayner Sanders</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 12 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		ADDRESS <u>2175 E. Preston St</u>	

VS 150

* 5 June secondary wound closure.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully and correctly stated. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5458**

BIRTH NO. **5458**

1. NAME OF DECEASED (Type or Print) PATRICIA ANN PARKS			2. DATE OF DEATH June 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5708 Newbury Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 21, 1931		9. AGE (In years last birthday) 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector			10B. KIND OF BUSINESS OR INDUSTRY Western Electric Co.		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME William E. Parks			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME Dorothy Wheatley Bloom			17. INFORMANT ADDRESS William E. Parks 5708 Newbury Street		

18. **E976X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of left chest**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5807 Newberry Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
June 11, 1952 7:00 A.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

V S 151

N 862.4

690 3M

Horace F. Burgee

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07-15-30

2708

2708

Western Association of

Western Association of

Western Association of

Western Association of

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Western Association of

Western Association of

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5459**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emory T. Wiener Sr.

2. DATE OF DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2937 Miles Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 12-1884

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Parson (Religious)

10B. KIND OF BUSINESS OR INDUSTRY

Johns Hopkins University

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Wiener

14. MOTHER'S MAIDEN NAME

Rachael Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *561.3*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Intestinal obstruction*

72 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Incarcerated Ventral Hernia*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction, perforation of 1/26 cm

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *6/7* ^{*1952*} to *6/10* ^{*1952*}, that I last saw the deceased alive on *6/10* ^{*1952*}, and that death occurred at *8:32* ^{*PM*}, from the causes and on the date stated above.

23A. SIGNATURE

Davie S. S. S. S.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 13-1952

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Park

24D. LOCATION (City, town, or county)

Howard, Co. Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road

ADDRESS

Norace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked for correctness. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 5460**

BIRTH NO. **52 5460**

1. NAME OF DECEASED
(Type or Print)

Charles Parker

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write full name and give township)

B. FULL NAME OF HOSPITAL OR INSTITUTION

1810 Eutaw Place

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1810 Eutaw Place

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6 - 20 - 08

9. AGE (In years last birthday)

43

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator, Gas. service station: employed

10B. KIND OF BUSINESS OR INDUSTRY

self

11. BIRTHPLACE (State or foreign country)

Maine -- Augusta

12. CITIZEN OF WHAT COUNTRY?

U. A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Harvey L. Stitchberry - 1810 Eutaw Place

18.

163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of right lung

INTERVAL BETWEEN ONSET AND DEATH

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/1/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of right lung - inoperable

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 31, 1951**, to **June 11, 1952**, that I last saw the deceased alive on **6/11, 1952** and that death occurred at **4:05 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Albion J. Shubert

M. D.

23B. ADDRESS

2302 Edmondson Ave.

23C. DATE SIGNED

6 - 11 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6 - 13 - 52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

VS 150

2906K

M. B. Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Q1111 35

CAUTION: THIS INFORMATION IS UNCLASSIFIED

CAUTION ON PAPER

CAUTION ON PAPER

CAUTION ON PAPER

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CAUTION ON PAPER

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CAUTION ON PAPER

CAUTION ON PAPER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5461**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Hall

2. DATE
OF
DEATH

6/10/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

329 N. Fulton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

329 N. Fulton Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

6/25/1870

9. AGE (in years last birthday)

81

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cella Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jim Fisher

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or not known) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Geneva Hall

ADDRESS

329 N. Fulton Ave.

18. *722.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Senility

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Senile Debility

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chronic arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 22, 1952* to *June 9, 1952*, that I last saw the deceased alive on *June 9, 1952*, and that death occurred at *3A* m., from the causes and on the date stated above.

23A. SIGNATURE

Douglas Sheppard

M. D.

23B. ADDRESS

604 N. Fulton Ave

23C. DATE SIGNED

6-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cella Cem. Cella Md.

24D. LOCATION (City, town, or county)

Cella Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams, Schroeder St.

ADDRESS

322 N.

5012

SP

COLOMBIAE CLONIA

5012



C-55052 5463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5463

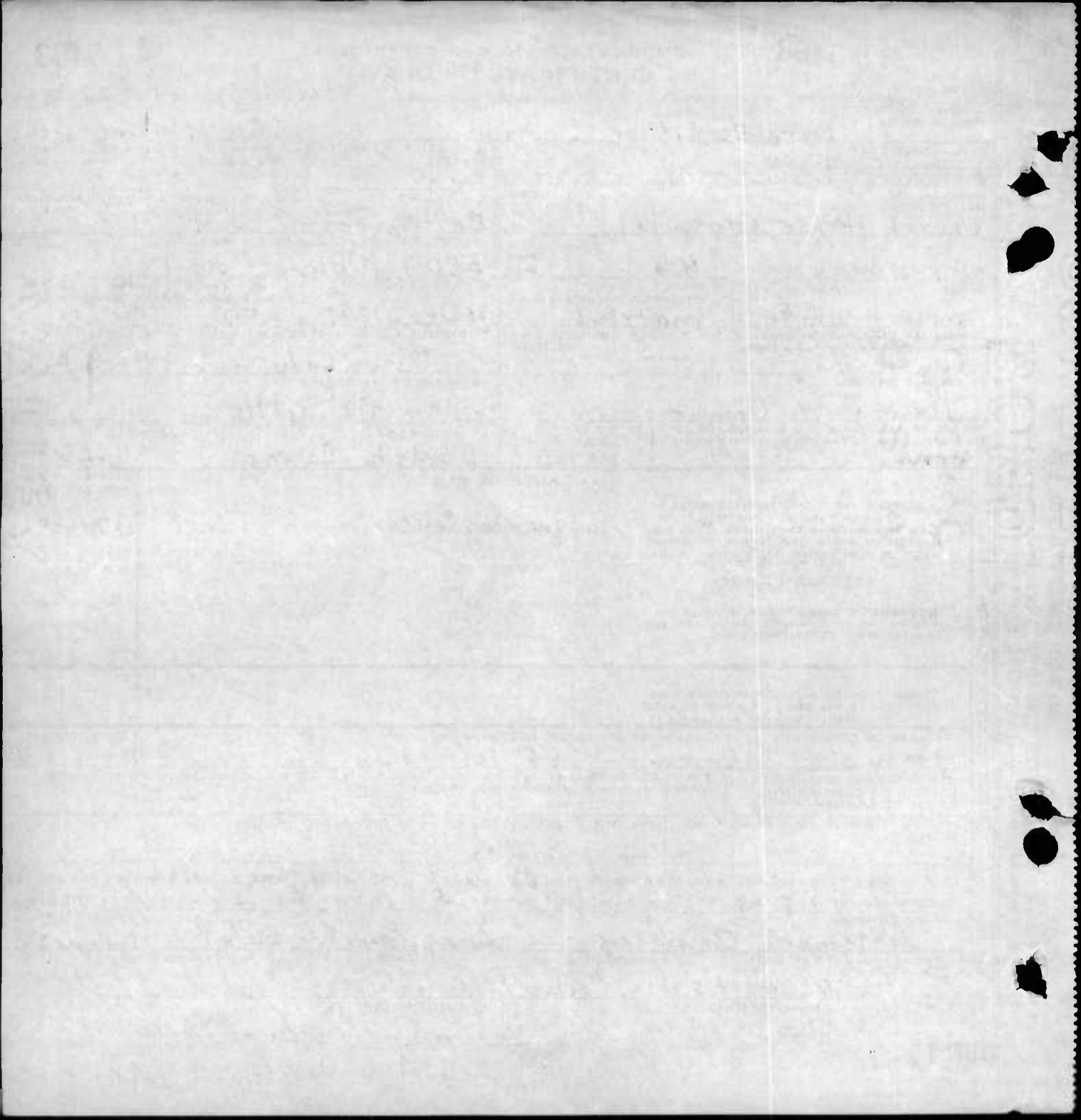
BIRTH NO.		1. NAME OF DECEASED (Type or Print) Burdelle Sittler Cannon		2. DATE OF DEATH 11 June 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 46		D. STREET ADDRESS (If rural, give location) 5809 Kipling Court			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11 Dec. 1901	9. AGE (In years last birthday) 50	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Henry M Cannon		14. MOTHER'S MAIDEN NAME Jennie Sittler		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Burdelle Cannon Same	
18. 163X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.)		(A) Squamous Cell Carcinoma of left lung		INTERVAL BETWEEN ONSET AND DEATH 2 months	
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION 9 May 52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of left lung		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 22 April, 1952 to 11 June, 1952 , that I last saw the deceased alive on 11 June, 1952 and that death occurred at 5:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Doreen C. Cusberg		23B. ADDRESS Church Home Hospital		23C. DATE SIGNED 11 June 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Interment		24B. DATE 6/14/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Maus.	
24D. LOCATION (City, town, or county) (State) Balto 17 Md.		DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Wm. J. Vickers & Sons		ADDRESS Balto. 17, Md.		JUN 12 1952	

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be fully applied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

07585



MARGIN RESERVED FOR BINDING

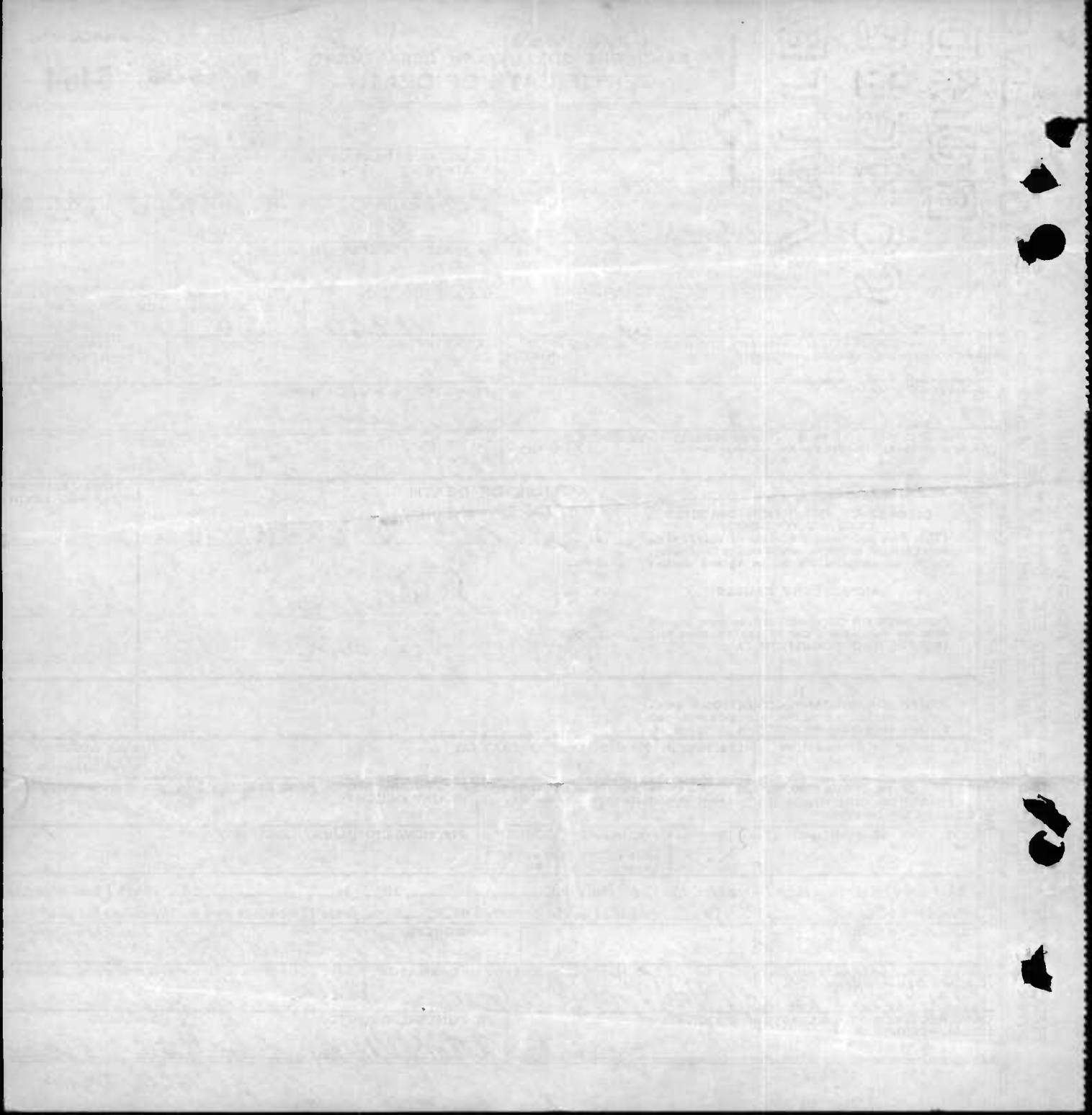
J 5 25 5464
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

"Permission of Medical Examiner"
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 52 5464

1. NAME OF DECEASED (Type or Print) ELIZABETH JOHNSON			2. DATE OF DEATH 6-11-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF HOSPITAL OR INSTITUTION BAY-WILKINSON VALESCENT HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 22-02		
C. Length of stay in Baltimore 68 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 834 S. Sharp St.		
5. SEX Female	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1902	9. AGE (In years last birthday) 50	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT E. W. Lelley 2101 W. Goldsboro	
				ADDRESS	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardio Vascular	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO Renal Disease (B) DUE TO Hypertension (C)	16 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE A. T. Lelley		23B. ADDRESS 600 W. Madison Ave.		23C. DATE SIGNED 6/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) W. Potomac Md		25. FUNERAL DIRECTOR Huntington Williams, Mrs. Edw. Williams		ADDRESS 94 Duane Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1952					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucie Fenwick Hill

2. DATE
OF DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

844 N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-02

D. STREET ADDRESS (If rural, give location)

844 N. Carey St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 4, 1874

9. AGE (In years, last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Martha Bundy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Mrs. Lucie Hill
844 N. Carey St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

6 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A.H.C.V.R.D.

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Residual Cerebral Accident

7 Yrs

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1952, to June 9, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George McDonald

M. D.

23B. ADDRESS

844 N. Carey St. Balt. Md.

23C. DATE SIGNED

6/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 12, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

State

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home

JUN 12 1952

H-400
52 5465

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1011 82

1011 82

1011 82



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5466
Registered No. 52 5466

1. NAME OF DECEASED
(Type or Print)

MRS. Genevieve Weaver

2. DATE
OF
DEATH

JUN. 10 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SHRIVER NURSING HOME - 3520 HILTON RD

C. CITY OR TOWN

BALTO -

(If outside corporate limits, write R.U.T.A. and give township)

D. STREET ADDRESS (If rural, give location)

349 S. MOUNT ST

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

3-15-1876

9. AGE (in years, last birthday)

76

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHARWOMAN

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTO - MD

12. CITIZEN OF WHAT COUNTRY?

—

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

HAASEN - BAXTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

— NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

217-14-5556

17. INFORMANT

JOS. BAXTER - 817 FRANCIS AVE - BALTO - 27

18. 444 X and 260 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Essential Hypertension

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1946, to June 10 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Callahan

23B. ADDRESS

8321 Frederick Ave

23C. DATE SIGNED

6/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

JUN. 13-1952

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEM

24D. LOCATION (City, town, or county) (State)

Frederick Ave BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

JUN 12 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

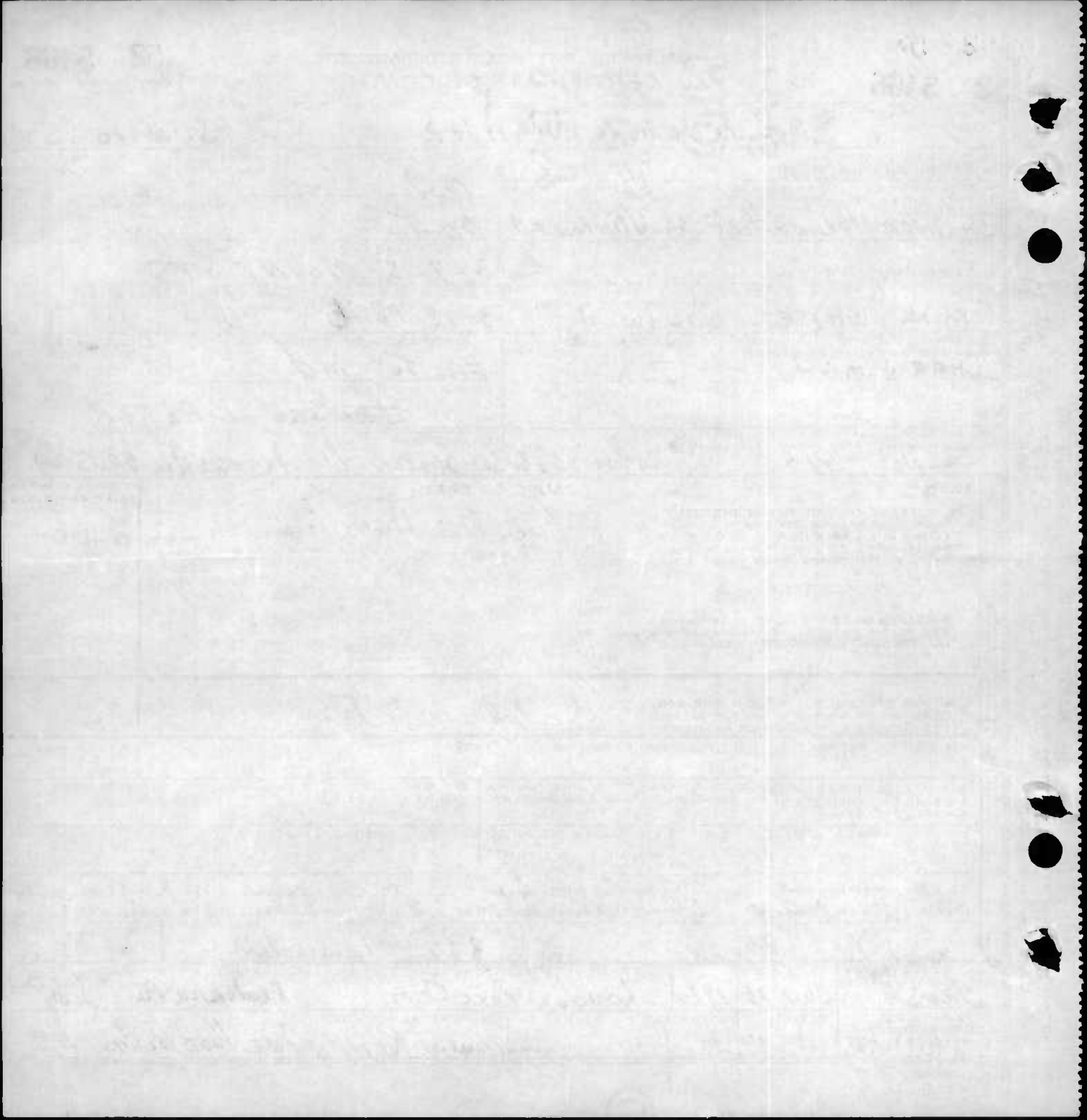
25. FUNERAL DIRECTOR

Thos. J. KENNY, INC. 1600 Hollins St

VS 150

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAIN WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5467**

1. NAME OF DECEASED (Type or Print) <i>Mrs. Anna Koutsoucadis</i>			2. DATE OF DEATH <i>6-12-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1406 N. Washington St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-20-78</i>		9. AGE (In years last birthday) <i>73</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>mol.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>—</i>			14. MOTHER'S MAIDEN NAME <i>—</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT ADDRESS <i>Sergei Koutsoucadis 1406 N. Washington St.</i>		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(A) <i>Congestive heart failure</i> DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>arteriosclerotic heart disease</i> DUE TO
	(C)

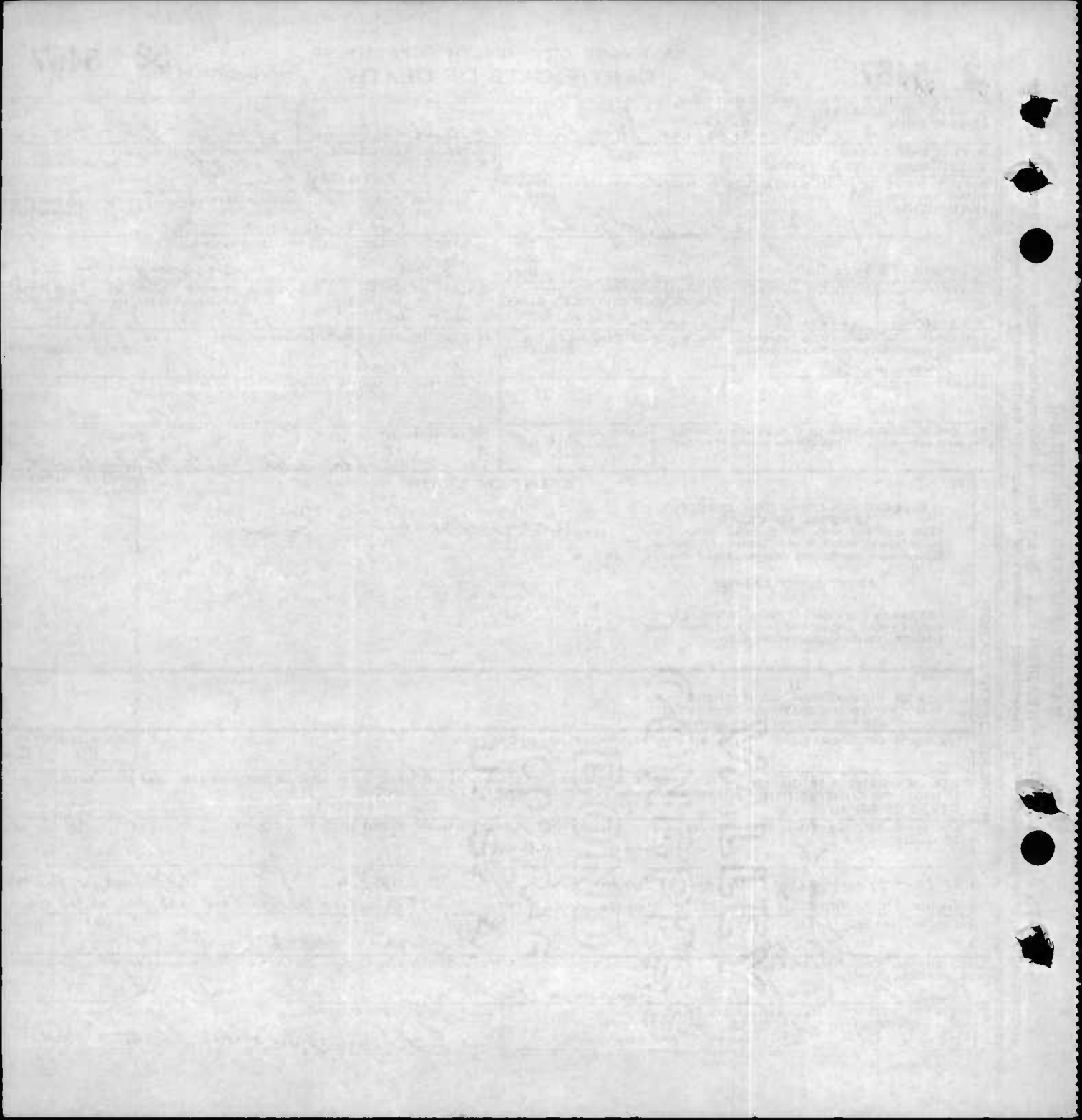
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>6/14/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/1</i> , 19 <i>52</i> , to <i>6/12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/12</i> , 19 <i>52</i> , and that death occurred at <i>2:10 A.</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Les W. Fey Jr.</i> M. D.		23B. ADDRESS <i>St. Agnes Hosp.</i>		23C. DATE SIGNED <i>6/12/52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Paul E. Schenck 361541 Chestnut Ave.</i>	

MARGIN RESERVED FOR BINDING

PLEASE NOTE PLATE WITH UNFADING INK. Every item of information should be carefully checked for correct age & especially important. Physicians: please write the causes of death clearly and legibly.



Koehler
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 5468**

460
52 5468
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Theodore J. Koehler</u>			2. DATE OF DEATH <u>June 12, 1952</u> <u>6-40 a.m.</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1200 Valley at</u>			4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>27-11</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>L. Son of the Poor</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>3 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>5228 York Road.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9th Jan 1869</u>	9. AGE (In years last birthday) <u>83</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>furniture salesman</u>			11. BIRTHPLACE (State or foreign country) <u>Balto Md</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Ambrose Koehler</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Haeblich</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>L. Son of the Poor</u>			ADDRESS		

18. <u>422.1 I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Chronic Myocarditis</u> DUE TO (B) <u>Arterio-Sclerosis</u> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>5 yrs</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1 -</u> , 1952, to <u>June 12 -</u> , 1952, that I last saw the deceased alive on <u>June 11</u> , 1952, and that death occurred at <u>6-40 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. Gill Hall M.D.</u>		23B. ADDRESS <u>1631 E. Nank Ave</u>		23C. DATE SIGNED <u>6/12/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/14/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 12 1952</u>		ADDRESS <u>5305 Harford Rd</u>			

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

25

2017

Dr. English
Belair & White

52 5469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5469

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Ackermann

2. DATE
OF
DEATH

June 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5522 Belair Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5522 Belair Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept 13, 1863

9. AGE (in years

last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Philip Wiegand

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Joseph Kirton, 5522 Belair Rd.

18.

42211

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Generalized Arteriosclerosis Sensitivity

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 10, 1952, to June 11, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Max R. English

M. D.

23B. ADDRESS

5713 Belair

23C. DATE SIGNED

6-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1952

Huntington Williams, 5305 Harford Road.

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ESTABLISHED

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from January 1, 1952 to June 11, 1952, that I last saw the
deceased alive on June 1, 1952, and that death occurred at 12:00 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

THE CITY OF BELLEVILLE

TO THE PEOPLE OF THE CITY OF BELLEVILLE

THE CITY OF BELLEVILLE

THE CITY OF BELLEVILLE

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W 650		RE-159432		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 52 5471	
BIRTH No. 52 5471		52-11548		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Baby Girl Warren-Pauline				2. DATE OF DEATH June 4, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1018 Linden Avenue-1			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 25, 1952		9. AGE (In years last birthday) 10 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Howard Brown				14. MOTHER'S MAIDEN NAME Pauline Scales			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue			
18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ventricular hemorrhage (A) DUE TO subarachnoid hemorrhage (B) DUE TO (C) DUE TO				INTERVAL BETWEEN ONSET AND DEATH life life			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-25 , 19 52 , to 6-4 , 19 52 , that I last saw the deceased alive on 6-4 , 19 52 , and that death occurred at 5-25P m., from the causes and on the date stated above.							
23A. SIGNATURE W. S. Brown		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-9-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6-6-52		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 460			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5472

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE ARND

2. DATE
OF
DEATH

6/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

BON SECOURS HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3204 ECHODALE AVE.

c. Length of stay in Baltimore

83

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

4/18/68

9. AGE (in years last birthday)

84

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

VICTOR BUSSE

14. MOTHER'S MAIDEN NAME

BERNADINE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Frank Kunkel, Echodale

ADDRESS 3204 Echodale

18. 731 X and E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO-VASCULAR ACCIDENT

DUE TO

(INTRACEREBRAL)

2 WKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) FRACTURE, LEFT FEMUR

DUE TO

(C) PAGET'S DISEASE

3 1/2 MOS.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

2/29/52

19B. MAJOR FINDINGS OF OPERATION

PAGET'S DISEASE

William Wood

19C. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3204 ECHODALE AVE.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 27, 1952 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

FELL DOWN AT HOME

22. I hereby certify that I attended the deceased from Feb. 28, 1952, to June 12, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 300 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pilebury M.D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

6/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/16/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Bald

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Lucke

ADDRESS

5305 Bayford Rd

JUN 12 1952

VS 150

N 821.2

100-100000

100-100000

100-100000

100-100000

100-100000

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100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5473

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nizer, Jean

2. DATE
OF
DEATH

June 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

706 E. Cold Spring Lane

c. Length of stay in Baltimore

20 da.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 22, 1952

9. AGE (In years
last birthday)10 Under 1 Year
Months Days

20

11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Bernard Nizer

14. MOTHER'S MAIDEN NAME

Theresa Elizabeth Schupner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from May 22, 1952, to June 11, 1952, that I last saw the
deceased alive on June 11, 1952, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

June 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial June 13-1952 Holy Redeemer
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 12 1952

Huntington Williams, M.D. 4905 York Road



PLEASE PRINT PLATE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5474**

BIRTH NO. **52 5474**

1. NAME OF DECEASED (Type or Print) MARY LEACH			2. DATE OF DEATH 6/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 22-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 516 WARNER ST		
5. SEX FEMALE	6. COLOR OR RACE COL.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 1, 1901		9. AGE (in years last birthday) 51 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC HOME		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME LOTTIE COOLEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ERNEST LEACH-522 BARRE ST		

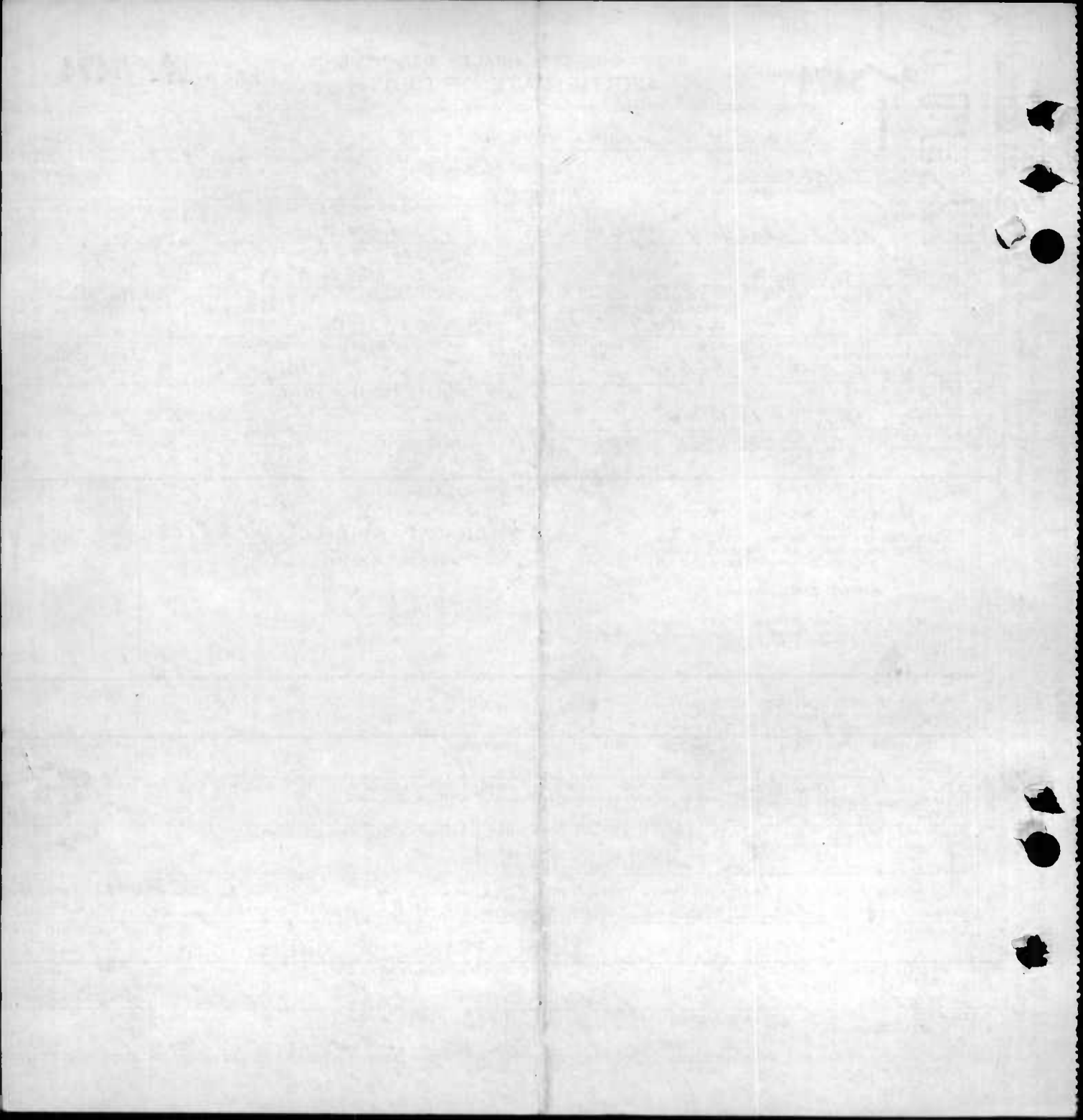
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Heart Disease (A) DUE TO Chronic Nephritis			INTERVAL BETWEEN ONSET AND DEATH		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June - 5, 1952 , to June 9, 1952 that I last saw the deceased alive on June 9, 1952 and that death occurred at 10 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. L. Weaver		23B. ADDRESS 834 - S. Sharp St.		23C. DATE SIGNED 6-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/15/52		24C. NAME OF CEMETERY OR CREMATORY Engelwood	
24D. LOCATION (City, town, or county) (State) North Carolina		24E. DATE RECEIVED BY LOCAL REGISTRAR			
24F. REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR Charles G. Rice		25. ADDRESS 661 W. Barre St.	

JUN 12 1952

72081

5474

21



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5475

Registered No.

BIRTH NO. 52 5475

1. NAME OF DECEASED (Type or Print) MARY Bentley			2. DATE OF DEATH June 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 426 N. Mount Street			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE 19-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 426 N. Mount Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 2, 1880		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES SCOTT			14. MOTHER'S MAIDEN NAME Ellen Scott		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Joseph Bentley 426 N. Mount St		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Hypertensive Cardio Vascular DUE TO	Unknown
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 10, 1951 , to June 9, 1952 , that I last saw the deceased alive on 6-9-1952 , and that death occurred at 7:55 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard H. Hunt		23B. ADDRESS 1631 W. Franklin		23C. DATE SIGNED 6-10-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/13/52	24C. NAME OF CEMETERY OR CREMATORY Mt Zion	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1952	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR ADDRESS Charles A. Rice - 661 W. Barre St	

52 5476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5476

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Otto A. McClean

2. DATE
OF
DEATH

6/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

304 Jack St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

304 Jack St.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/11/1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pattern Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Industrial

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William McClean

14. MOTHER'S MAIDEN NAME

Mary Seibert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-07-7999

17. INFORMANT

ADDRESS

Mrs. Emma F. McClean 304 Jack St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis
Arterio-Sclerotic Cardio-Vascular
Disease

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1948, to June 10, 1952, that I last saw the
deceased alive on June 10, 1952, and that death occurred at 2:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

Huntington Williams, M.D.

JOHN F. DENNY, INC. 715 Light St

Dr. Lieber

9-11 6-8

W. L. L. -

Wiederung

320 Patapow

E-520

52 5477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5477

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Ewing

2. DATE
OF
DEATH

11 June 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Lutheran Hospital of Maryland, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Dundalk, Baltimore

D. STREET ADDRESS (If rural, give location)

1947 Sunberry Rd. # 22

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9/25 1889

9. AGE (In years last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Hallan

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm F Ewing 1947 Sunberry Rd

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute gastroenteritis following 1 week toxic ileus from methium

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive heart disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

ASOUD

Cholelithiasis
Pneumonia Rt lower lobe

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 9 June, 1952 to 11 June, 1952 that I last saw the deceased alive on 11 June, 1952, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. F. Kremer

23B. ADDRESS

Lutheran Hospital, Balto.

23C. DATE SIGNED

11 June 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 14/52

Oak Lawn

Balto Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

Huntington Williams, M.D.

Ulrich Funeral Home 112 Dundalk

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 2475

52 2475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 2475

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

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CAUSE OF BIRTH

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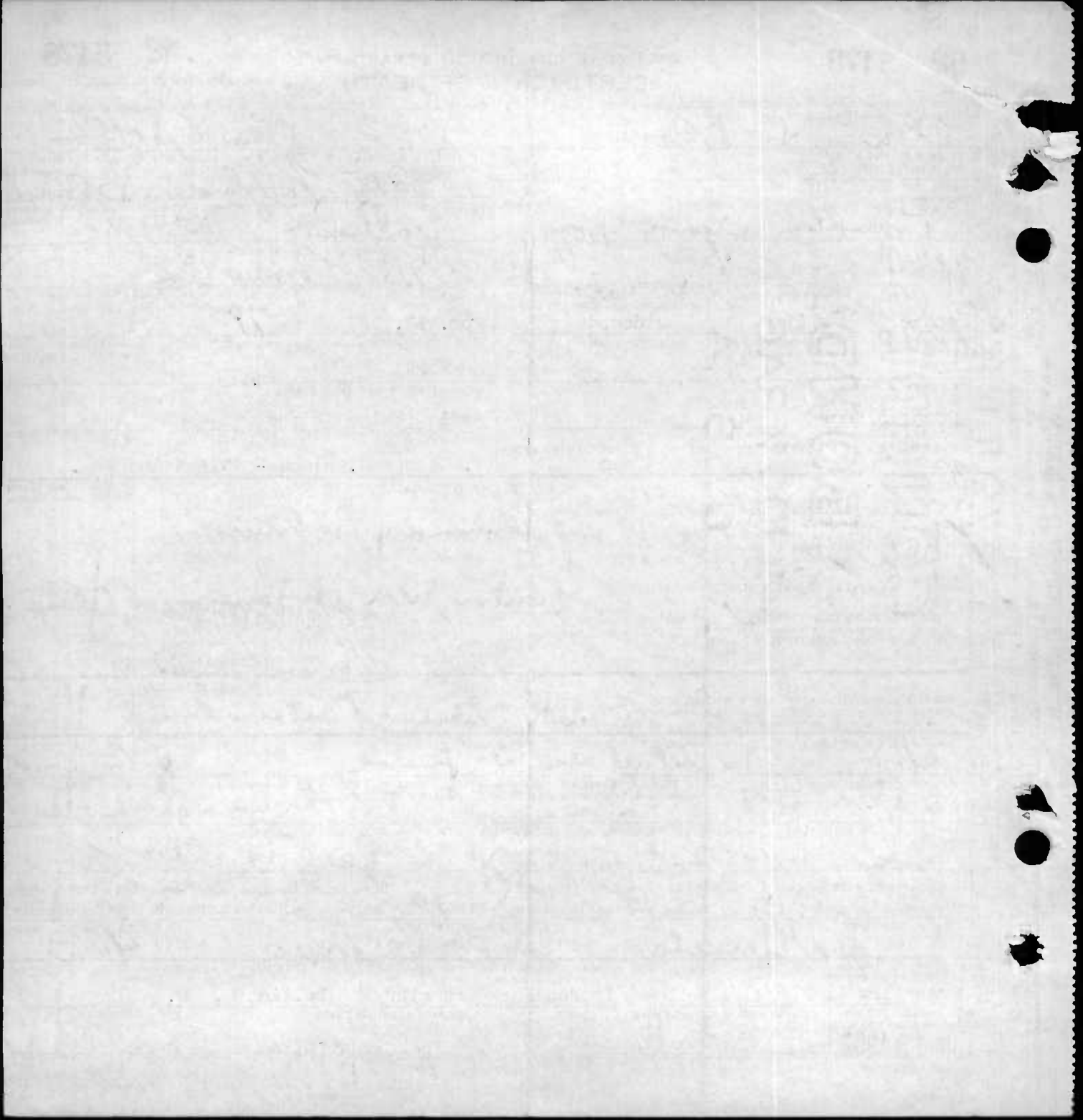
PLACE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT				52 5478	
CERTIFICATE OF DEATH				Registered No. 52 5478	
BIRTH NO. CLARA J. BLONE				1. NAME OF DECEASED (Type or Print) Clara J. Blome	
2. DATE OF DEATH 6/11/52				3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 361 Lombin Square Hosp.				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE 375 Maryland B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3915 Maine Ave	
c. Length of stay in Baltimore				5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Apr. 17, 1873				9. AGE (In years, months, days) 79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10B. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (State or foreign country) New York				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Oscar Blanck				14. MOTHER'S MAIDEN NAME Marie Louise Thiess	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. George O. Blome - 3915 Maine Ave.				ADDRESS	
18. E903.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary Embolus DUE TO (B) Fracture, neck of femur DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 5 days CERTIFICATION APPROVED BY [Signature] M.D. CHIEF OR ASST. MEDICAL EXAMINER.				19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sensitivity; Generalized arteriosclerosis	
19A. DATE OF OPERATION 6/10/52				19B. MAJOR FINDINGS OF OPERATION Fracture neck of femur	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home				21C. WHERE DID INJURY OCCUR? 15/10 Home above address	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 6, 1952				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Fell to floor				22. I hereby certify that I attended the deceased from 6/11/52 to 6/11/52, 1952, that I last saw the deceased alive on 6/11/52, 1952, and that death occurred at 3:55 P. M., from the causes and on the date stated above.	
23A. SIGNATURE [Signature]				23B. ADDRESS 3915 Maine Ave	
23C. DATE SIGNED 6/11/52				24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
24B. DATE 6/13/52				24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory	
24D. LOCATION (City, town, or county) Baltimore, Md.				24E. LOCATION (State) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1952				REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR				ADDRESS Wm. J. Tichener & Sons	
VS 150				N 820.0	

N 820.0

Baltimore 17, Md.



52 5479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5479

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IGNATIUS W. DIEPGEN

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 11-02

D. STREET ADDRESS (If rural, give location)

20 W. Franklin Street

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 7, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown Diepgen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marianne D. Smith, Fairfax, Virginia

18. E973.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

garage

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

20 W. Franklin Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
June 12, 1952 7:30 A.m.21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hooked vacuum hose to exhaust pipe

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

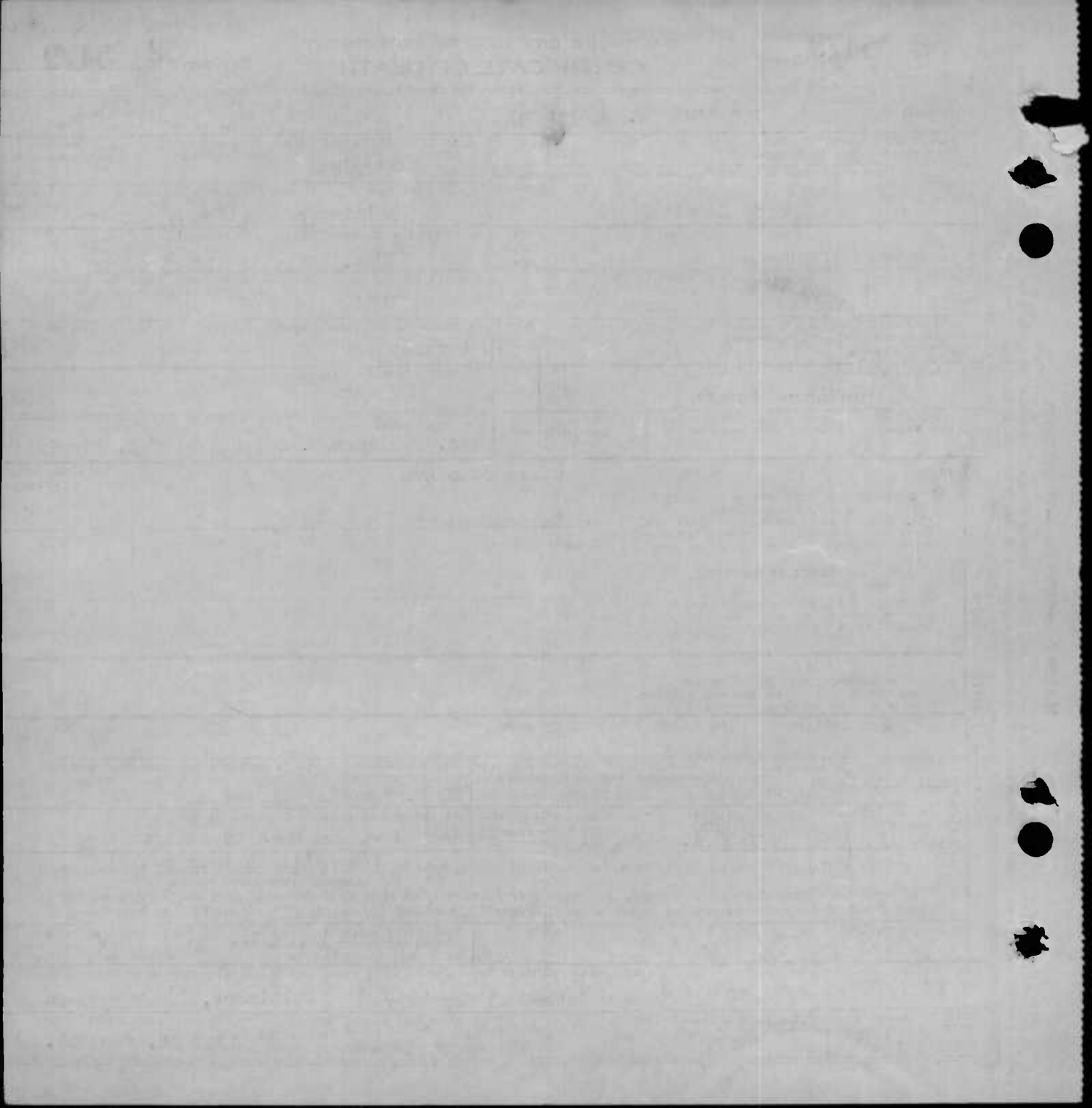
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul St.



52 5480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5480

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Grape

2. DATE
OF
DEATH

June 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

640 Gutman Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

640 Gutman Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 1, 1873

9. AGE (in years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tool Maker - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Grape

14. MOTHER'S MAIDEN NAME

Annie Baden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

273-03-3102

17. INFORMANT

ADDRESS

William H. Grape, 640 Gutman Avenue

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Several hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovasc. Renal disease (arteriosclerosis) Many yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to June 12, 1952, that I last saw the
deceased alive on June 10, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman

M. D.

23B. ADDRESS

206 S. Salmon St.

23C. DATE SIGNED

June 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul St.

M-600
52 5481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5481

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL L. MOORE

2. DATE
OF DEATH June 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1841 N. Chapel Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 10, 1894

9. AGE (In years

last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry G. Moore

14. MOTHER'S MAIDEN NAME

Annie B. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-14-4276

17. INFORMANT

ADDRESS

Catherine E. Moore, 1841 N. Chapel Street

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

Myocardial infarct

(B) Generalized arteriosclerosis

DUE TO

(C) Diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Bond

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

M.D.

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

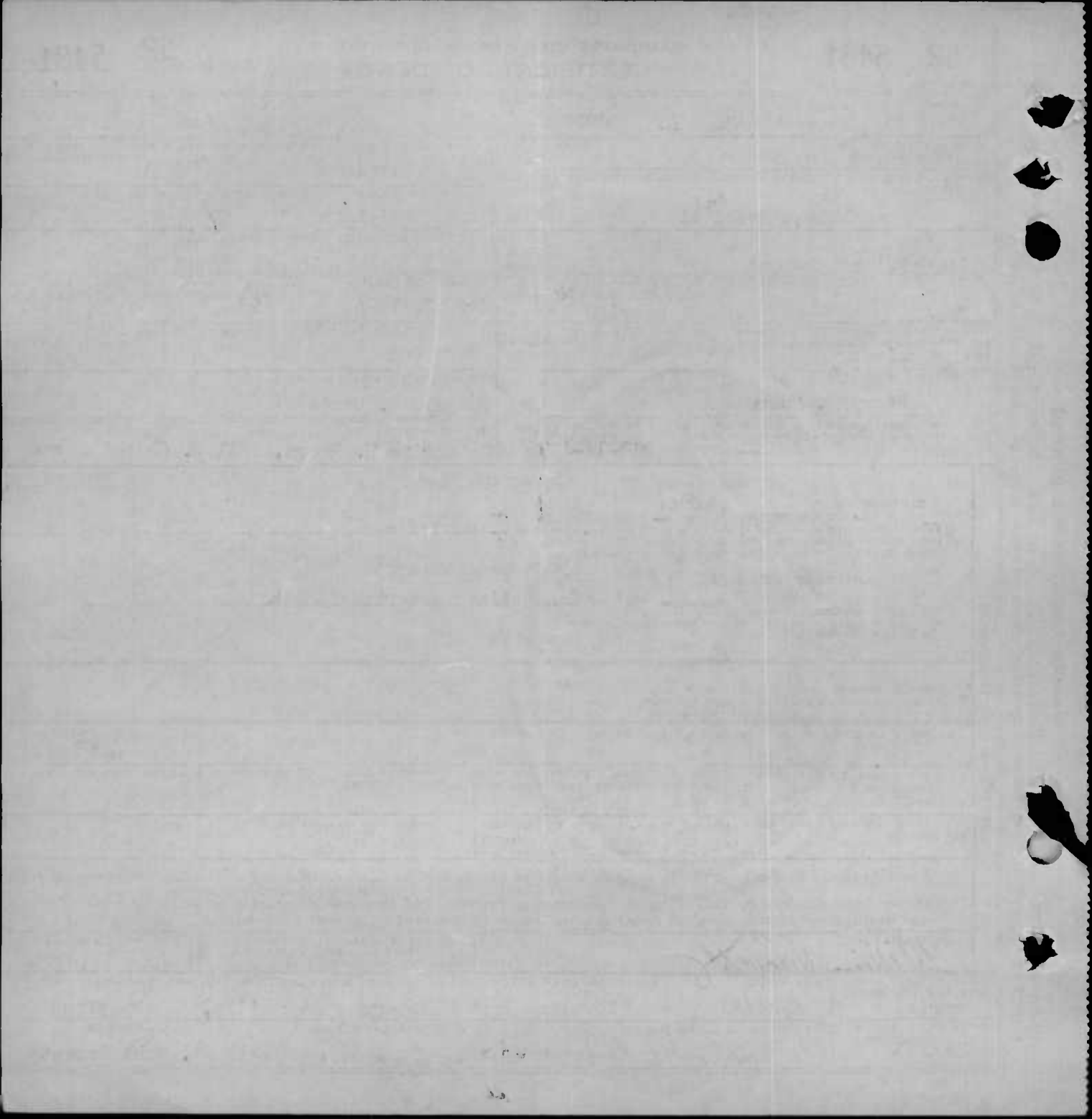
VS 151

56924 478

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully studied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



M-600

52 5482

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5482

Registered No.

1. NAME OF DECEASED (Type or Print)		Anna Vogt Meyer		2. DATE OF DEATH June 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3722 Rexmere Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-03			
c. Length of stay in Baltimore 40 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3722 Rexmere Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 1, 1882	9. AGE (in years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore County, Md	
13. FATHER'S NAME John Vogt		14. MOTHER'S MAIDEN NAME Margaret Michling		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT John H. Meyer 3722 Rexmere Road	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
ANTECEDENT CAUSES		(A) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Hypertensive Cardio-Vascular Disease		5 years
		(C) DUE TO Diabetes Mellitus		5 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to June 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Kammer J. M. D.		23B. ADDRESS 101 Shandon Ave.		23C. DATE SIGNED June 12, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6.14/52	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		24D. LOCATION (City, town, or county) (State) Pikesville, Maryland.

DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1952	REGISTRAR'S SIGNATURE H. H. Williams M.D.	25. FUNERAL DIRECTOR H. H. Williams and Son, 805 N. Calvert St.	ADDRESS
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8113 81

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

8113 81

1974

24

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

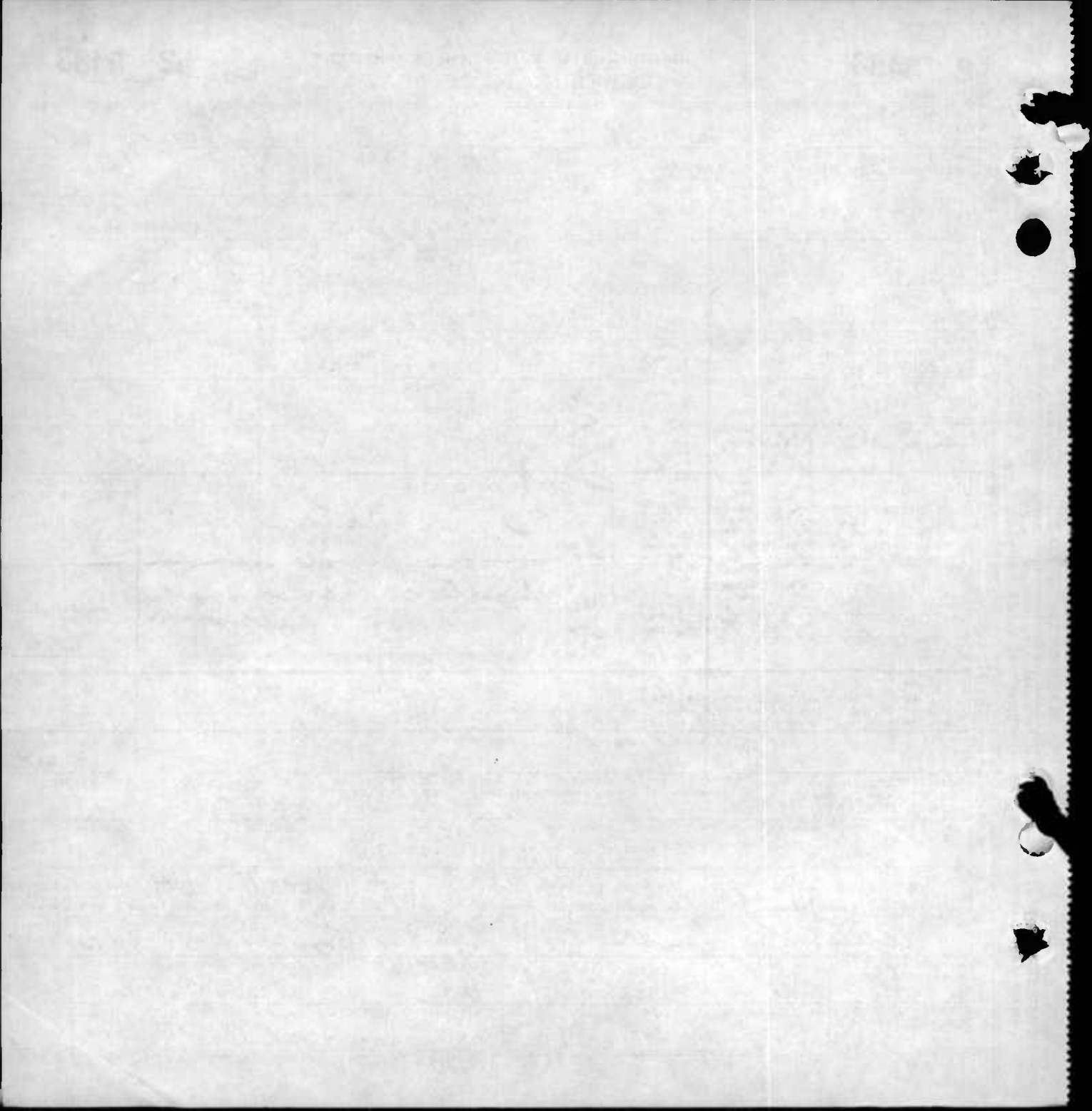
24

52 5483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5483

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>MRS. JOHANNA M. BUCK</i>		2. DATE OF DEATH <i>JUNE-11-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE - 20-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>411 S. SMALLWOOD ST</i>		D. STREET ADDRESS (If rural, give location) <i>411 S. SMALLWOOD ST</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. <i>—</i> Mos. <i>—</i> Days <i>—</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>4-6-1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>BALTO - MD</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT ADDRESS <i>MR. JOHN BUCK - 411 S. SMALLWOOD ST</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Cardiac Failure</i> DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertensive Cardio-Vascular Disease</i> DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1947</i> , 19 <i>51</i> , to <i>June 11</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 11</i> , 19 <i>52</i> , and that death occurred at <i>9:55 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur Scognetta</i>		23B. ADDRESS <i>1729 W. Lombard ST</i>		23C. DATE SIGNED <i>6/13/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JUNE 14-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LOUGHRAN PARK Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>FREDERICK AVE - BALTO - MD</i>		25. FUNERAL DIRECTOR <i>THOS. J. KENNY</i>		ADDRESS <i>1600 Hollins St</i>	



52 5484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5484

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDA

JOHNSON

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF If not in hospital or institution, give street address or
HOSPITAL OR location
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-02

c. Length of stay in Baltimore

Lifetime

D. STREET ADDRESS (If rural, give location)

1113 W. Franklin Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 18, 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

Sarah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Johnson 1113 W. Franklin St. Baltimore

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

K066X

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Malnutrition

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Howard

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 11, 1952

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

June 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery Westport, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

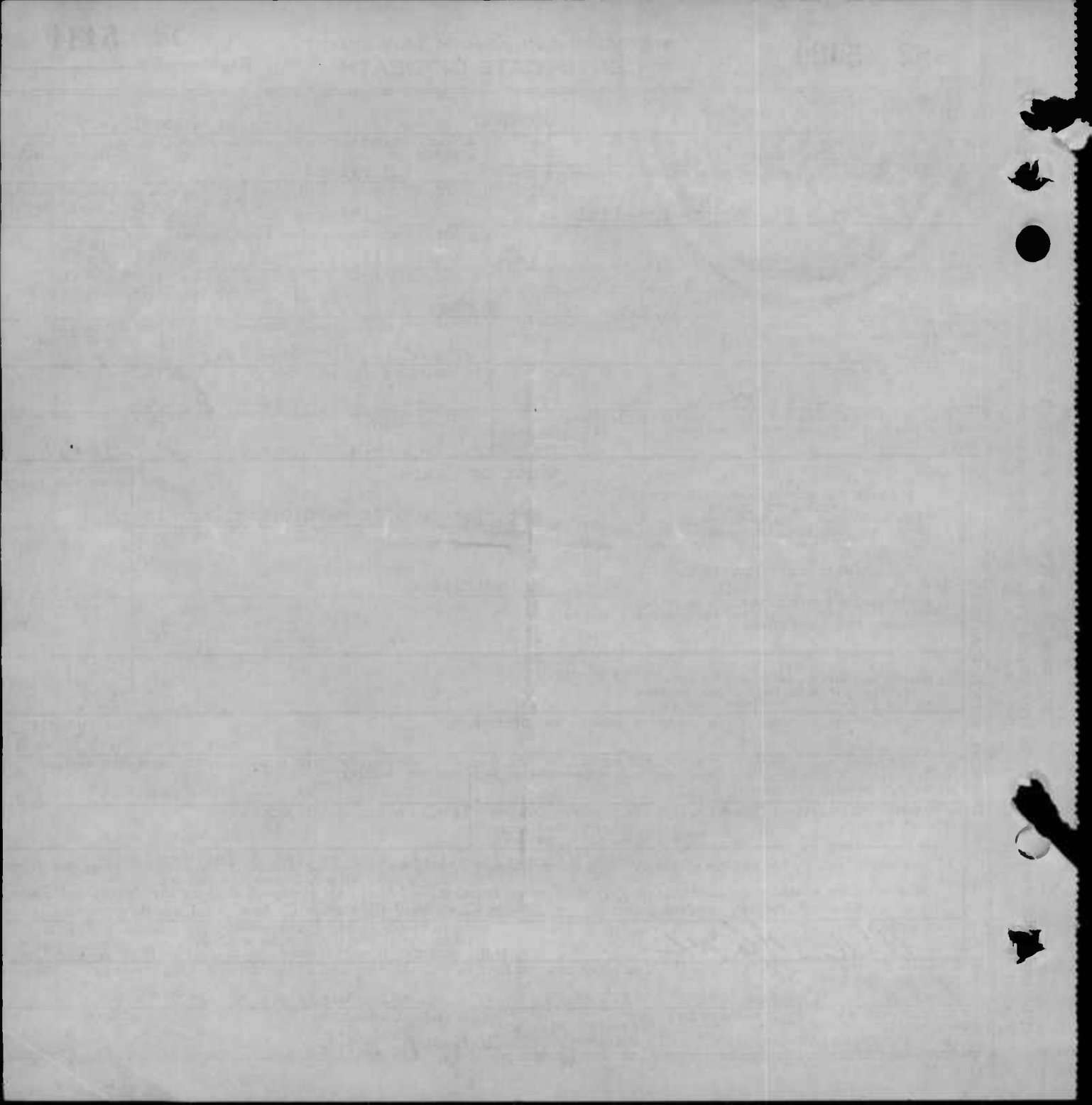
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Ruess 1240 E. Calhoun St. Baltimore



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5485

BIRTH NO.

1. NAME OF DECEASED

SHEBAH GERTRUDA

BERNSTEIN

2. DATE OF DEATH

6/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2652 Park Heights Terrace

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (in years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac

14. MOTHER'S MAIDEN NAME

Minnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Bernstein - Son

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

GENERALIZED CARCINOMATOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/9/52 to 6/13, 1952 that I last saw the deceased alive on 6/13, 1952, and that death occurred at 6:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

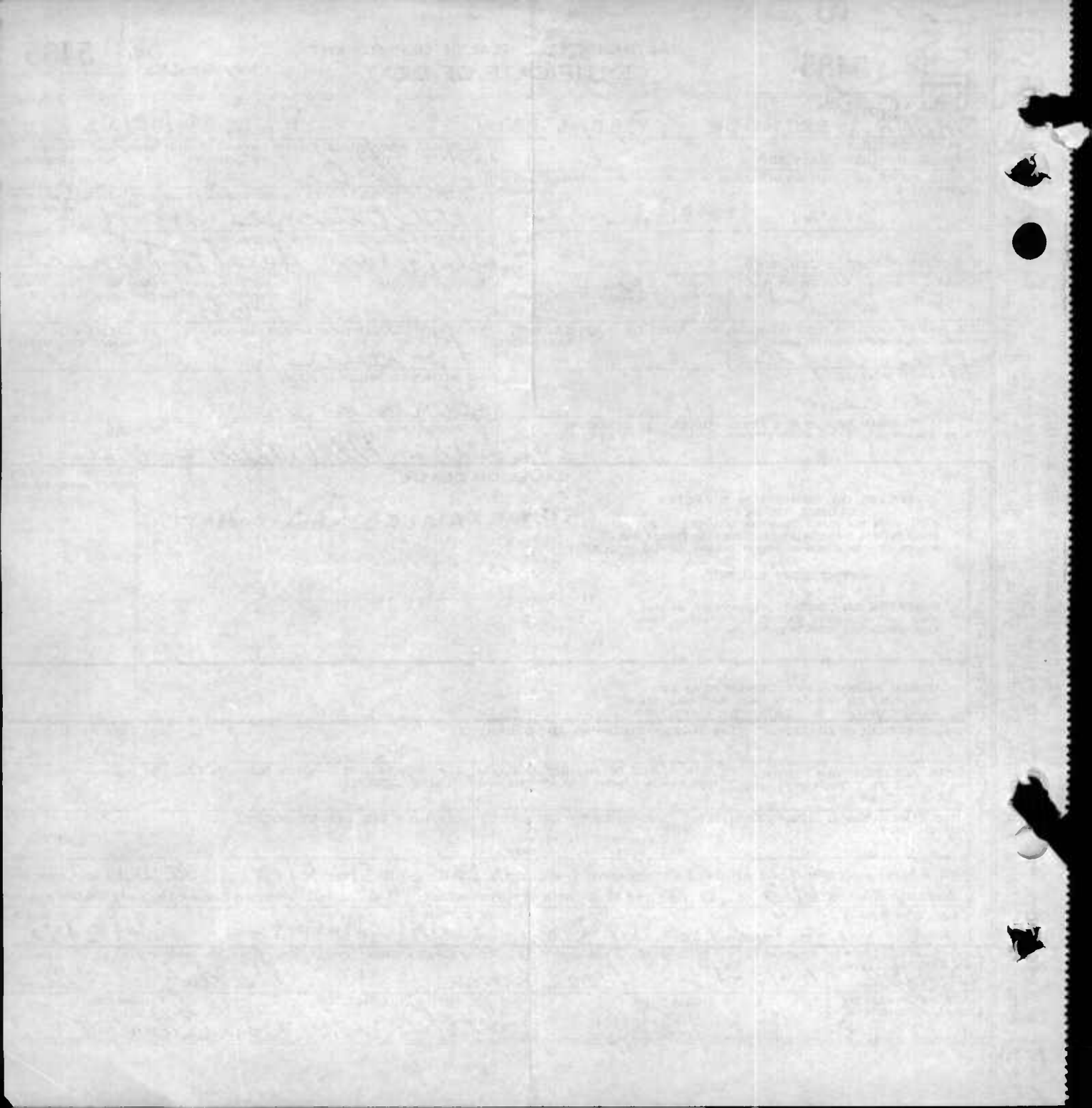
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

Huntington Williams, 2100 Eastern Pl.



52 5486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5486

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frontson Young

2. DATE
OF
DEATH

6/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

10-02

D. STREET ADDRESS (If rural, give location)

1439 E. Bager St.

5. SEX

M.

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/10/35

9. AGE (In years last birthday)

17

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eric Young

14. MOTHER'S MAIDEN NAME

Elizabeth Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 590X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

(B)

Ac. Glomerulonephritis

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1952 to 6/10, 1952, that I last saw the deceased alive on 6/10, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. G. Bonionides

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

6/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. G. G. County, Md.

24D. LOCATION (City, town, or county)

(State)

Tied

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert A. Ellwood

ADDRESS

1124 N. Caroline St.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 5487**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN CHRISTIAN HAGEDORN		2. DATE OF DEATH JUNE 11, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PINERIDGE CONVALESCENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 26-11	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 401 S. CLINTON ST	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH JULY 27, 81
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY SEPT. ST. CO. INSTEADY	
11. BIRTHPLACE (State or foreign country) BALTO. Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Geo		14. MOTHER'S MAIDEN NAME ERNESTINE COBOSKI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO.		16. SOCIAL SECURITY NO. 212-16-2720	
17. INFORMANT Mrs August KONTZ		ADDRESS 401 S. CLINTON	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO 9 Pulmonary Embolism Anterior Sclerous		INTERVAL BETWEEN ONSET AND DEATH Apr 4 1949 Jan 10 '52 1949
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr 4 , 19 49 , to Jan 11 , 19 52 , that I last saw the deceased alive on Jan 10 , 19 52 , and that death occurred at 5 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Steinhilber		23B. ADDRESS 3426 South R		23C. DATE SIGNED Jan 12-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAY 13, 52		24C. NAME OF CEMETERY OR CREMATORY IMMANUEL		24D. LOCATION (City, town, or county) (State) BALTO. Md	
LOCAL REGISTRAR JUN 13 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Paul A. Newman		ADDRESS 6067 Naylor Rd.	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PL WITH UNFADING INK. Every item of information should be carefully and legibly. Physicians: please write the causes of death clearly and legibly.

1815

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MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FILLMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5488
Registered No. 52 5488

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fillman, Harry Amos

2. DATE OF DEATH June 12, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #30

D. STREET ADDRESS (If rural, give location)

116 W. Clement Street

c. Length of stay in Baltimore

40 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May, 10, 1903.

9. AGE (In years last birthday)

49

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance man

10B. KIND OF BUSINESS OR INDUSTRY

St. Joseph's Hospital

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Fillman.

14. MOTHER'S MAIDEN NAME

Dont Know.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS ent St.

Mrs. Alene M. Fillman, 116 W. Clem-

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia, left lower lobe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hemorrhagic nephritis

Fatty degeneration of liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1952, to June 12, 1952 that I last saw the deceased alive on June 12, 1952 and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline Street

June 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 13, 1952 Holy Cross,

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

A.A.Co.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

1400 S. Charles St

52 5488

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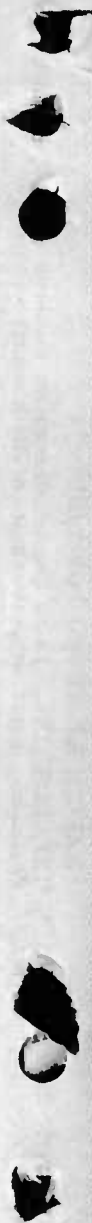


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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 5490

Registered No. 6am

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William Wells2. DATE
OF
DEATHJune 13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 836 Vine St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

35 yrs

5. SEX

Male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

Jan 18919. AGE (In years
last birthday)61 yrs10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Barber10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

John Wells

14. MOTHER'S MAIDEN NAME

Francis15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Laura Wells, 836 Vine St

18.

331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH(A) Cerebral hemorrhage6-8 hrs.

DUE TO

ANTECEDENT CAUSES

(B) HypertensionUnknown

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to June 13, 1952, that I last saw the
deceased alive on June 8, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Garland Churchill Jr. M. D.

23B. ADDRESS

1038 Edmonson Ave

23C. DATE SIGNED

6-13-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

6/13/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James A. Hayes

ADDRESS

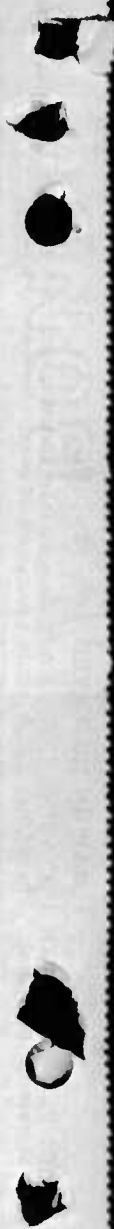
688 N. Howard

25 2180

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1912

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
1912



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Kirkwood

2. DATE
OF
DEATH

6/13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

HARFORD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Maryland Gen. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WHITE HALL

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Aug 13, 1963

9. AGE (In years last birthday)

88

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE KIRKWOOD

14. MOTHER'S MAIDEN NAME

ISABELLE CAIRNES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. NORMAN SPENCER, ABINGDON, MD.

18. 422.1 and 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Corbin decomposition

DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anteriorly located Cardiovascular

DUE TO

7 years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Adenocarcinoma of Cecum

1 yr?

19A. DATE OF OPERATION

June 3, 1952

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of cecum (Chemicolectomy)

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/26, 1952, to 6/13, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 8:59 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

Huntington Williams, M.D.

J. L. Foster BEL AIR, MD.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 5492
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred Robert Louis Dohme

2. DATE
OF
DEATH

June 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

5204 Roland Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5204 Roland Avenue

c. Length of stay in Baltimore

life

Yrs.

Mos.

Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 15, 1867

9. AGE (In years
last birthday)

85

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Executive: President, retired 20 yrs.

10B. KIND OF BUSINESS OR
INDUSTRYSharp & Dohme Co.
Mfg. Druggists

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles E. Dohme

14. MOTHER'S MAIDEN NAME

Ida Louise Schultz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Paula C. Dohme - 5204 Roland Avenue

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to June 10, 1952, that I last saw the
deceased alive on June 10, 1952 and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William S. Keffrich, D.

23B. ADDRESS

5006 Roland Avenue

23C. DATE SIGNED

6 - 10 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

6 - 12 - 52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

CERTIFICATE OF DEATH

<p>1. Name of Deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of Birth: _____</p>	
<p>5. Place of Birth: _____</p>		<p>6. Date of Death: _____</p>	
<p>7. Cause of Death: _____</p>		<p>8. Place of Death: _____</p>	
<p>9. Signature of Physician: _____</p>		<p>10. Signature of Registrar: _____</p>	
<p>11. Signature of Family Head: _____</p>		<p>12. Signature of Witnesses: _____</p>	
<p>13. Signature of Coroner: _____</p>		<p>14. Signature of Medical Examiner: _____</p>	
<p>15. Signature of Health Officer: _____</p>		<p>16. Signature of Local Government: _____</p>	
<p>17. Signature of National Government: _____</p>		<p>18. Signature of International Government: _____</p>	
<p>19. Signature of Other: _____</p>		<p>20. Signature of Other: _____</p>	
<p>21. Signature of Other: _____</p>		<p>22. Signature of Other: _____</p>	
<p>23. Signature of Other: _____</p>		<p>24. Signature of Other: _____</p>	
<p>25. Signature of Other: _____</p>		<p>26. Signature of Other: _____</p>	
<p>27. Signature of Other: _____</p>		<p>28. Signature of Other: _____</p>	
<p>29. Signature of Other: _____</p>		<p>30. Signature of Other: _____</p>	
<p>31. Signature of Other: _____</p>		<p>32. Signature of Other: _____</p>	
<p>33. Signature of Other: _____</p>		<p>34. Signature of Other: _____</p>	
<p>35. Signature of Other: _____</p>		<p>36. Signature of Other: _____</p>	
<p>37. Signature of Other: _____</p>		<p>38. Signature of Other: _____</p>	
<p>39. Signature of Other: _____</p>		<p>40. Signature of Other: _____</p>	
<p>41. Signature of Other: _____</p>		<p>42. Signature of Other: _____</p>	
<p>43. Signature of Other: _____</p>		<p>44. Signature of Other: _____</p>	
<p>45. Signature of Other: _____</p>		<p>46. Signature of Other: _____</p>	
<p>47. Signature of Other: _____</p>		<p>48. Signature of Other: _____</p>	
<p>49. Signature of Other: _____</p>		<p>50. Signature of Other: _____</p>	
<p>51. Signature of Other: _____</p>		<p>52. Signature of Other: _____</p>	
<p>53. Signature of Other: _____</p>		<p>54. Signature of Other: _____</p>	
<p>55. Signature of Other: _____</p>		<p>56. Signature of Other: _____</p>	
<p>57. Signature of Other: _____</p>		<p>58. Signature of Other: _____</p>	
<p>59. Signature of Other: _____</p>		<p>60. Signature of Other: _____</p>	
<p>61. Signature of Other: _____</p>		<p>62. Signature of Other: _____</p>	
<p>63. Signature of Other: _____</p>		<p>64. Signature of Other: _____</p>	
<p>65. Signature of Other: _____</p>		<p>66. Signature of Other: _____</p>	
<p>67. Signature of Other: _____</p>		<p>68. Signature of Other: _____</p>	
<p>69. Signature of Other: _____</p>		<p>70. Signature of Other: _____</p>	
<p>71. Signature of Other: _____</p>		<p>72. Signature of Other: _____</p>	
<p>73. Signature of Other: _____</p>		<p>74. Signature of Other: _____</p>	
<p>75. Signature of Other: _____</p>		<p>76. Signature of Other: _____</p>	
<p>77. Signature of Other: _____</p>		<p>78. Signature of Other: _____</p>	
<p>79. Signature of Other: _____</p>		<p>80. Signature of Other: _____</p>	
<p>81. Signature of Other: _____</p>		<p>82. Signature of Other: _____</p>	
<p>83. Signature of Other: _____</p>		<p>84. Signature of Other: _____</p>	
<p>85. Signature of Other: _____</p>		<p>86. Signature of Other: _____</p>	
<p>87. Signature of Other: _____</p>		<p>88. Signature of Other: _____</p>	
<p>89. Signature of Other: _____</p>		<p>90. Signature of Other: _____</p>	
<p>91. Signature of Other: _____</p>		<p>92. Signature of Other: _____</p>	
<p>93. Signature of Other: _____</p>		<p>94. Signature of Other: _____</p>	
<p>95. Signature of Other: _____</p>		<p>96. Signature of Other: _____</p>	
<p>97. Signature of Other: _____</p>		<p>98. Signature of Other: _____</p>	
<p>99. Signature of Other: _____</p>		<p>100. Signature of Other: _____</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5493

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Kulis

2. DATE
OF
DEATH

6-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

1435 Boyle St #30

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-12-18

9. AGE (In years
last birthday)

40 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Robert Farry

14. MOTHER'S MAIDEN NAME

Jessie May Rineand

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized carcinoma
Metastasis from
Carcinoma of Breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31, 1952 to 6-12, 1952, that I last saw the
deceased alive on 6-12, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Karp MD

23B. ADDRESS

St Agnes Hosp

23C. DATE SIGNED

6-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

JUN 13 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Fred H. Ozaszowski

ADDRESS

1930 Baltimore Ave

100

100

100

STATE OF NEW YORK

[Faint, illegible handwriting across the top section of the document]

[Faint, illegible handwriting across the middle section of the document]

[Faint, illegible handwriting across the bottom section of the document]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 5494BIRTH NO. 52 5494

1. NAME OF DECEASED (Type or Print) <u>MARY ADA HAYS</u>			2. DATE OF DEATH <u>June 12 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5601 Weyford Rd Mt Washington</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-15</u>		
c. Length of stay in Baltimore <u>40</u> Yrs. <u>40</u> Mos. <u>40</u> Days			D. STREET ADDRESS (If rural, give location) <u>5601 Weyford Rd</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 3 1879</u>	9. AGE (In years last birthday) <u>72</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Catonsville Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Mac Miller</u>			14. MOTHER'S MAIDEN NAME <u>Mary Gilliland</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>42211</u>	17. INFORMANT ADDRESS <u>C. Bradley Hays Same</u>		

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis - Chronic
DUE TOunknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arterio sclerosis
DUE TOunknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 1, 1952, to June 12, 1952 that I last saw the deceased alive on June 11, 1952, and that death occurred at 1501 M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. ~~SURVE~~ CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

CremationJune 14 52Loudon ParkBalto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952

VS 150

Huntington Williams, M.D.H. Jenkins & Son Co 4905 York Rd

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age of special informant. Physicians: write the causes of death clearly and legibly.

P-602218-10-4581

PURVIS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Purvis

2. DATE
OF
DEATH

June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

125 W. Hamling St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

125 W. Hamling St.

c. Length of stay in Baltimore

25 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov-16-1910

9. AGE (in years last birthday)

41

10. Under 1 Year

11. Under 24 Hours

12. CITIZEN OF
WHAT COUNTRY

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

stevedore

10B. KIND OF BUSINESS OR INDUSTRY

Freight

11. BIRTHPLACE (State or foreign country)

George Town, S. Carolina

12. MOTHER'S MAIDEN NAME

Emmeline Brooks

13. FATHER'S NAME

Henry Purvis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-10-4581

17. INFORMANT

ADDRESS

Hazel Purvis 125 W. Hamling St.

18. 491 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Respiratory failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pneumonia - Bronchial

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 20P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Brooks, M.D.

M. D.

23B. ADDRESS

601 N. Monroe St.

23C. DATE SIGNED

6/10/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 16-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Balto.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. W. ...

25. FUNERAL DIRECTOR

Baltimore Springs 13901, Harlan St.

ADDRESS

1942

RECEIVED BY THE
OFFICE OF THE
DIRECTOR

1942

20

11-18-42

Kippen

and
a few

and

the

the

Yoder
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emory Yoder

2. DATE
OF
DEATH

6-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Long Green, Md.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 30, 1888

9. AGE (In years last birthday)

68

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR INDUSTRY

OWN

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LOUIS YODER

14. MOTHER'S MAIDEN NAME

SARAH R. MAST

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ANNA M. YODER

ADDRESS

ABOVE

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Pulmonary edema

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease

DUE TO

7

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5:21 p.m., 6-12-1952, to 6-12-1952, that I last saw the deceased alive on 6-12-1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

See-juu Liu

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

June 12 '52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6-15-1952

24C. NAME OF CEMETERY OR CREMATORY

WILSON'S

24D. LOCATION (City, town, or county)

LONG GREEN

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

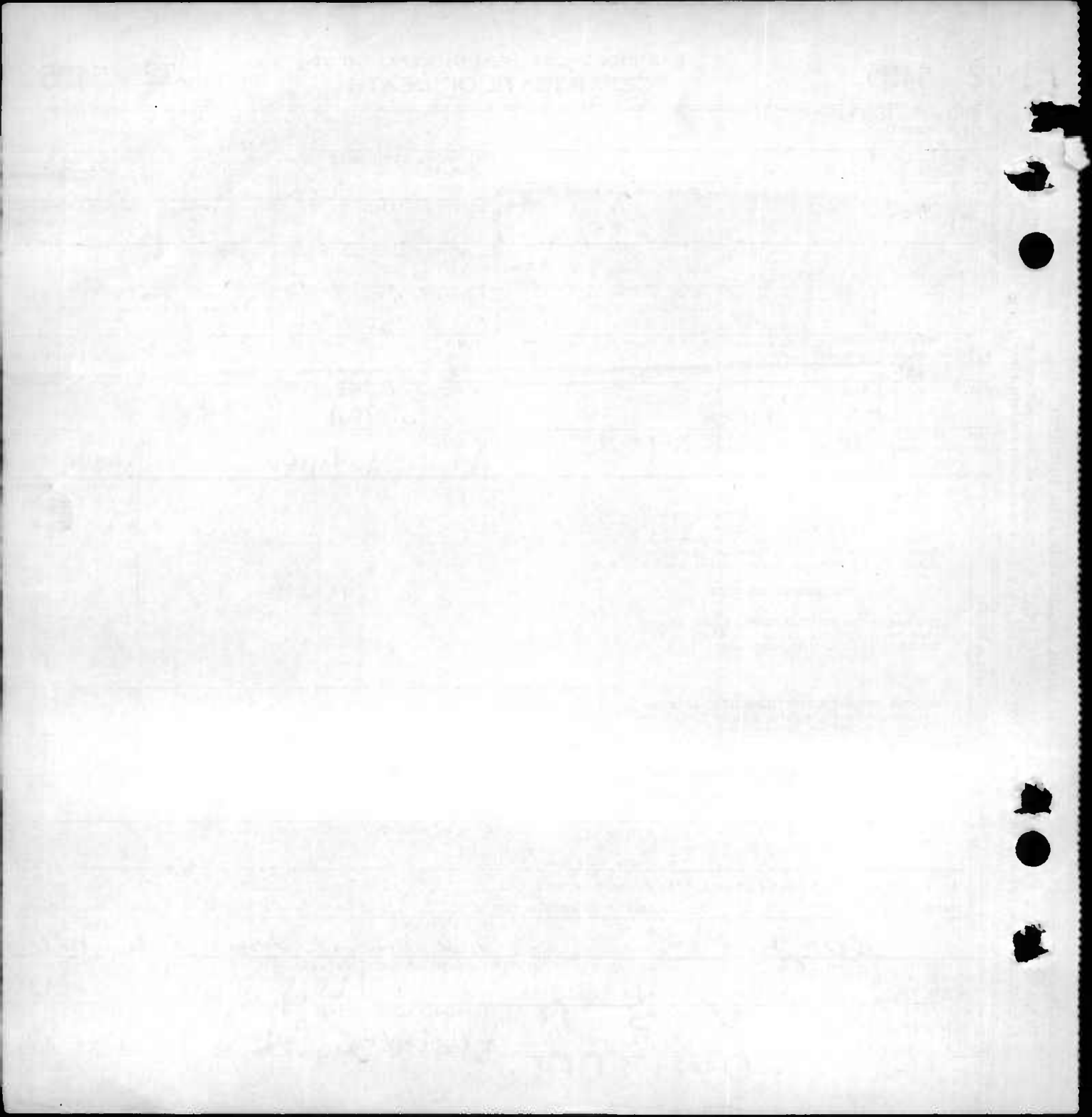
REGISTRAR'S SIGNATURE

Huntington, Baltimore, Md.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 YORK RD.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5497**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**ANNA ROSSMAN**2. DATE
OF
DEATH **6/11/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **3547 FOURTH STREET**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3547 FOURTH STREET

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**W**

8. DATE OF BIRTH

2/28/18709. AGE (In years
last birthday)**82**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**HOUSEWORK**10B. KIND OF BUSINESS OR
INDUSTRY**HOME**

11. BIRTHPLACE (State or foreign country)

BALTIMORE12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MICHAEL BRECKER

14. MOTHER'S MAIDEN NAME

MARY WHITKER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

FAMILY - SAME18. **443X I**

CAUSE OF DEATH

DiseaseINTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypertensive Cardio-vascular****10 yrs**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Congestive Heart Failure****20 yrs**(C) **Gen. Arteriosclerosis****10 yrs.**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Atherosclerosis (Coronary) Hypertrophic****?**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/9, 1952** to **6/11, 1952**, that I last saw the
deceased alive on **6/11, 1952**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**B**

24B. DATE

6/14/52

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

BALTIMOREDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 13 1952**Huntington Williams, M.D. - 130 E. FORT AVE.**

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5498

BIRTH NO. 52 5498

1. NAME OF DECEASED
(Type or Print)

ALBERT F. BALLISTRERI

2. DATE
OF
DEATH

6/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

BON SECOURS HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

PULASKI HIGHWAY & ALLENDER RD.

c. Length of stay in Baltimore

40

Yrs.
Moor
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9/6/11

9. AGE (in years
last birthday)

40

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RESTAURANT OWNER

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern & Restaurant

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL BALLISTRERI

14. MOTHER'S MAIDEN NAME

Cesina Corvia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

Anna M. Ballistreri, wife, above

18.

181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

RENAL METASTASES

DUE TO

(C)

CARCINOMA OF BLADDER

2 MOS.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

4/5/52

19B. MAJOR FINDINGS OF OPERATION

BIOPSY REVEALED CAACINOMA

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1952, to 6/11, 1952, that I last saw the deceased alive on 6/11, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Shrohler

M. O.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

6/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 16, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 5499**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Lula E. Giller**2. DATE
OF
DEATH**June 11/52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**604 Linnard St**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

604 Linnard St

c. Length of stay in Baltimore

65 yrsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)**Widow**

8. DATE OF BIRTH

Jan. 9, 1872

9. AGE (In years

last birthday)

80

If Under 1 Year

Months; Days

If Under 24 hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adnarn Swift

14. MOTHER'S MAIDEN NAME

Mary L. Rodgers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

Edward Giller

ADDRESS

604 Linnard St.18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral vascular accident probably hemorrhage**

DUE TO

**5/29/52
6/10/52**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerotic hypertensive cardio vascular disease**

DUE TO

4/1/47

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1, 1947** to **June 11, 1952**, that I last saw the deceased alive on **June 11, 1952** and that death occurred at **11:00 A.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

June 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry B. Smith

ADDRESS

4101 Edmondson Ave.

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RECEIVED OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

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52 5500
CERTIFICATE CORRECTED 7-9-52BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 5500

1. NAME OF DECEASED (Type or Print) VINCENT GMUREK		2. DATE OF DEATH June 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3 S. Collington Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs		D. STREET ADDRESS (If rural, give location) 3 S. Collington Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 19, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevodore- Retired		10B. KIND OF BUSINESS OR INDUSTRY Shipping	9. AGE (In years last birthday) 61 65
13. FATHER'S NAME Paul Gmurek		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) WW I		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 216 09 6451		14. MOTHER'S MAIDEN NAME Mary Orlowska	
17. INFORMANT Mrs. Mary Gmurek, 3 S. Collington Avenue		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 10, 1952 to June 12, 1952 , that I last saw the deceased alive on June 12, 1952 , and that death occurred at 10 4 m. , from the causes and on the date stated above.			
23A. SIGNATURE Charles W. Sadowski		23B. ADDRESS 2529 Eastern Ave.	
23C. DATE SIGNED June 12-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/16/52	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR M.F. SADOWSKI & SONS		ADDRESS 1808 EASTERN AVENUE	

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